

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33759**

FILED NOV 1 1948

Registration District No. **270**

Primary Registration District No. **4427**

Registrar's No. **126**

1. PLACE OF DEATH

(a) County **Jackson**  
(b) City or town **Waynesville**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Waynesville General**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 Day** (Specify whether years, months or days) **43 years**

3. (a) PRINT FULL NAME **LAWRENCE M. WOOLEY**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Lucy Wooley** 6. (c) Age of husband or wife if alive **77** years  
7. Birth date of deceased **June 20 1865**  
(Month) (Day) (Year)

8. AGE: Years **83** Months **4** Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Osgood Ind.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Labor**

11. Industry or business

MOTHER FATHER { 12. Name **Bartlett Wooley**  
13. Birthplace **Ind.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Nancy Jane Brown**  
15. Birthplace **Do not know**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Leaving Wooley**  
(b) Address **Newburg Mo**  
17. (a) **Burial** (b) Date thereof **Oct 22-1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bullas Mo**  
18. (a) Signature of funeral director **Lee Johnson**  
(b) Address **Newburg Mo**  
19. (a) **10-22-48** (b) **Thelma E. Buckner**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Phelps** 81  
(c) City or town **Newburg Mo** 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. **0**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **20**  
year **1948** hour \_\_\_\_\_ minute **4:30 A.M.**

21. I hereby certify that I attended the deceased from **October 18 1948** to **Oct 20- 1948**  
that I last saw him alive on **Oct 19 1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Embolus**  
Due to **Cardiac Thrombosis**  
Due to \_\_\_\_\_

Other conditions **Fracture hip - 10/18/48**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **16 6 16**  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **Fractured hip**  
(b) Date of occurrence **Oct 18- 1948**  
(c) Where did injury occur? **Home**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Home - Newburg Mo**  
(Specify type of place)  
While at work? **No** (e) Means of injury **Fall**

23. Signature **R E Brewer** (M. D. or other)  
Address **Newburg Mo** Date signed **10/20/48**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 1961

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Lee Johnson*

Licensed Embalmer No. 3392

P. O. Address.....

*Newburg mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**