

FILED JAN 5 1949
121

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
5464

State File No. 39886

Registrar's No. 38

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Cave Springs, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Family Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution nil (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Cave Springs, Missouri 0
(If outside city or town limits, write "RURAL") 9
(d) Street No. nil (If rural, give location)
no
(e) Citizen of foreign country? no (Yes or No)
If yes, name country nil

3. (a) PRINT FULL NAME Murray A. Wookey

3. (b) If veteran, none name war
3. (c) Social Security No. nil

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive nil years
7. Birth date of deceased Unknown - Unknown - 1872
(Month) (Day) (Year)

8. AGE: Years 78 Months nil Days nil If less than one day nil hr. min.

9. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farming

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant nil - Undertaker & acting Coroner hereon.
(b) Address made diligent effort but failed to obtain more complete data hereon

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Dec. 27 '48 (Month) (Day) (Year)
(c) Place: burial or cremation Wesley's Cemetery

18. (a) Signature of funeral director Greenside Funeral Home
(b) Address Willard, Missouri

19. (a) 12/31/48 (Date received local registrar) (b) Steve B. Wilson (Registrar's signature) 10/21 Date signed 12/23/48

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12-28 day 23 year 1948 hour minute M.

21. I hereby certify that I attended the deceased from 19..... to 19.....
that I last saw him alive on Dec 12-23, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion of Artery
Due to
Due to

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy nil
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: (a) Cause, suicide, or homicide (specify) hereon.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Shop (Specify type of place) (c) Means of injury
23. Signature W.R. Washburne (M. D. or other)
Address County Coroner Date signed 12/23/48

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

MAR 7 1949

County Health Office,
County Number 48-12-86
Date Filed 1-4-49

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, 6504

....., Registered Apprentice No.....
working under my personal supervision.

Signed Mr. E. H. Greenwald

Licensed Embalmer No..... 2095

P. O. Address Willard, Missouri

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.