

FILED OCT 25 1949
STANDARD CERTIFICATE OF DEATH

32904
State File No. 150

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY Audrain			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Audrain c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico, Missouri c. LENGTH OF STAY (in this place) Life		
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain County Hospital			d. STREET ADDRESS (If rural, give location) 403 North Western		

3. NAME OF DECEASED (Type or Print) JAMES	a. (First) F.	b. (Middle) WOOLERY	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Oct 18, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 20, 1879	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George T. Woolery	13b. MOTHER'S MAIDEN NAME Nany Cleeton	14. NAME OF HUSBAND OR WIFE Mrs. Lena Woolery
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Mrs. James Woolery	ADDRESS Mexico, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 49 5 1
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Myocarditis Ch. Nephritis Ch. Arterio Sclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (c) Senility -		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **9-1-1949** to **10-18, 1949**, that I last saw the deceased alive on **10-17, 1949**, and that death occurred at **1:20** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) K.S. Williams M.D.	23b. ADDRESS Mexico Mo.	23c. DATE SIGNED 10-18-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 19, 1949	24c. NAME OF CEMETERY OR CREMATORY Salt River Cemetery	24d. LOCATION (City, town, or county) (State) Audrain County, Mo.
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DATE REC'D BY LOCAL REG. Oct 19 1949	REGISTRAR'S SIGNATURE Blenche Kelly	25. FUNERAL DIRECTOR'S SIGNATURE Charles Arnold	ADDRESS Mexico, Mo.
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RECEIVED

OCT 24 1949

District Health Officer No. 10

District File Number 10-49-1817

Date Filed OCT 24 1949

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Charles V. Greening

Licensed Embalmer No. 4625

P. O. Address Meriden 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.