

FILED JUN 12 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17532

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 213 PRIMARY REG. DIST. NO. 5781 Registrar's No. 750

0660

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

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Mo.</u> b. COUNTY <u>Miller</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Lake Ozark</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Lake Ozark 0660</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BENJAMIN</u> b. (Middle) <u>GILBERT</u> c. (Last) <u>WOOLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 30 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Dec. 6 1882</u>		9. AGE (in years last birthday) <u>67</u>		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.) <u>5 26</u>	
10a. USUAL OCCUPATION (Give kind of work done during 1 year of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Illinois 1</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Joseph Wooley</u>		13b. MOTHER'S MAIDEN NAME <u>Alma C. Gibson</u>		14. NAME OF HUSBAND OR WIFE <u>Laura</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Maude Colvin</u>	
				ADDRESS <u>Lake Ozark</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>30 hr</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4201</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from May 30, 1950, to May 30, 1950, that I last saw the deceased alive on May 30, 1950, and that death occurred at 10:10 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. E. Humphrey</u>		(Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Tuscumbia, Mo.</u>	
23c. DATE SIGNED <u>6-1-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>June 1, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Hopewell</u>		24d. LOCATION (City, town, or county) (State) <u>Barnes, Mo.</u>			

DATE REC'D BY LOCAL REG. <u>June 6, 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. C. R. Haeckel</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis D. Phalino</u>	
		ADDRESS <u>193</u>		ADDRESS <u>Essex</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

JUN 9 1950

MILLER COUNTY HEALTH  
DEPARTMENT

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 Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address London

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.