

FILED DEC 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41528

State File No.

BIRTH NO. REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 5789 Registrar's No. 98

0670

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

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mass 167</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Anniston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Anniston</u>	
c. LENGTH OF STAY (in this place) <u>14 yrs</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>LEWIS</u>	b. (Middle) <u>ALBERT</u>	c. (Last) <u>WOOLVERTON</u>	(Month) <u>Nov.</u>	(Day) <u>21</u>	(Year) <u>1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 11, 1877</u>	9. AGE (in years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during the most of working life, even if retired) <u>Blacksmith</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Blacksmith</u>	11. BIRTHPLACE (State or foreign country) <u>Hickman Co., Ky.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	

13a. FATHER'S NAME <u>John D. Woolverton</u>	13b. MOTHER'S MAIDEN NAME <u>Margarete Wenders</u>	14. NAME OF HUSBAND OR WIFE <u>Rosie Woolverton</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>unk</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Rosie Woolverton</u>	ADDRESS <u>Anniston, Mo.</u>
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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 <u>about 2 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Auricular fibrillation</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial degeneration</u> DUE TO (c) <u>Arteriosclerosis general</u>		<u>Don't know</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>7221</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Nov 6, 1950 to Nov 14, 1950, that I last saw the deceased alive on Nov 14, 1950, and that death occurred at 5:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Foy S. Conner, M.D.</u> (Degree or title)	23b. ADDRESS <u>Cairo, Ill</u>	23c. DATE SIGNED <u>Dec 5, 1950</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 23, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anniston Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Anniston, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>12-8-50</u>	REGISTRAR'S SIGNATURE <u>Gertrude G. Harbert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Shelby Eastman</u>	ADDRESS
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DEC 13 REC'D

RECEIVED

Miss. Co. Health Dept

County File No.

Date Filed DEC 15 1950

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 *Travis Shelby*

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.