

FILED JAN 3 1951

STANDARD CERTIFICATE OF DEATH

State File No. 11733

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 401	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. LENGTH OF STAY (In this place) <u>20 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>527 E. Howard</u>				d. STREET ADDRESS (If rural, give location) <u>527 E. Howard</u>			
3. NAME OF DECEASED (Type or Print) <u>Melvin</u>		a. (First) <u>Woolery</u>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 17, 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>Aug. 11, 1870</u>	
9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Cooper Co. Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Francis Woolery</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Woolery</u>		14. NAME OF HUSBAND OR WIFE <u>Maudie Woolery</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year, or, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E.E. Woolery - 421 E. 6</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Myocardial infarction</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>331X</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒			
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) m. <u>VIEWED</u>		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>as Coroner</u> , 19 <u>—</u> , that I last saw the deceased alive on <u>19—</u> , and that death occurred at <u>Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Chas. Gordon Aufderberg</u>		(Degree or title)		23b. ADDRESS <u>Coroner, Pettis County</u>		23c. DATE SIGNED <u>12-20-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rural</u>		24b. DATE <u>12-20-50</u>		24c. NAME OF CEMETERY OR CREMATOR <u>Crown Hill</u>		24d. LOCATION (City, town, or county) (State). <u>Sedalia Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-20-50</u>		REGISTRAR'S SIGNATURE <u>E. J. Campbell, M.D.</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W. M. Laughlin Bros</u>		ADDRESS <u>519 S. Oak</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 1-2-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Data Filed 1-2-51

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 _____

working under my personal supervision. _____ Student Embalmer No. _____

Student _____
Student Embalmer

Signed _____

Licensed Embalmer No. 3153

P. O. Address _____

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.