

No. 300  
10.48

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13225

BIRTH NO.		REG. DIST. NO. 195	PRIMARY REG. DIST. NO. 5713	Registrar's No. 3011
1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY McDonald		
b. CITY (If outside corporate limits, write RURAL and give township) Rural- Cyclone twp.		c. CITY (If outside corporate limits, write RURAL and give township) Rural- Cyclone twp.		
c. LENGTH OF STAY (in this place) 1 year		d. STREET ADDRESS (If rural, give location) Stella Rt. 2		
d. FULL NAME OF HOSPITAL OR INSTITUTION Stella Rt. 2				
3. NAME OF DECEASED (Type or Print) a. (First) CLYDE		b. (Middle) CLEVELAND		c. (Last) WOOLARD
4. DATE OF DEATH (Month) (Day) (Year) April 8, 1951				
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 27, 1887	9. AGE (In years last birthday) 63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (State or foreign country) McDonald County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James Cowan Woolard		13b. MOTHER'S MAIDEN NAME Minnie Craige		14. NAME OF HUSBAND OR WIFE Rosa Kerns Woolard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Pearl Harris, Stella Rt. 2, Mo.
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*  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.		INTERVAL BETWEEN ONSET AND DEATH 6 months
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute)		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 July - 1930, to April 8, 1951, that I last saw the deceased alive on April 8, 1951, and that death occurred at 6:00A.M., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title)		23b. ADDRESS		23c. DATE SIGNED
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE April 10, 1951		24c. NAME OF CEMETERY OR CREMATORY Owley Cemetery
24d. LOCATION (City, town, or county) (State) McDonald County, Missouri				
DATE REC'D BY LOCAL REG. 4-10-51		REGISTRAR'S SIGNATURE M. H. Humphrey 423		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John B. Papinian Goodman, Mo.

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

0600

0600

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED MAY 5 1951

Dist. File 237-9104

Date Filed 5-9-51

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed John B. Papineau

Licensed Embalmer No. 4446

P. O. Address Goodman, 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.