

FILED JUN 22 1951

STANDARD CERTIFICATE OF DEATH

State File No. 19529

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

BIRTH NO. _____ REG. DIST. NO. 4b PRIMARY REG. DIST. NO. 4063 Registrar's No. 235

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hamilton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hamilton</u> <u>0130</u>	
c. LENGTH OF STAY (in this place) <u>30 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>201 E. Bird St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			
3. NAME OF DECEASED a. (First) <u>Susie</u> b. (Middle) <u>Helen</u> c. (Last) <u>Woolsey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 22 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 11, 1900</u>
9. AGE (In years last birthday) <u>50</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Joseph, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Joseph W. Nutt</u>	13b. MOTHER'S MAIDEN NAME <u>Henderson</u>	14. NAME OF HUSBAND OR WIFE <u>John H. Woolsey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>John H. Woolsey</u> ADDRESS <u>Hamilton Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Uterus</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.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>174X</u>	
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) <u>Hamilton Caldwell MO.</u>	
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 <u>JANUARY</u> , 1951, to <u>MAY 22</u> , 1951, that I last saw the deceased alive on <u>MAY 20</u> , 1951, and that death occurred at <u>10:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Frank R. Daley</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Hamilton, MO.</u>	
23c. DATE SIGNED <u>5-23-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 25, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Hamilton MO</u>
DATE REC'D BY LOCAL REG. <u>June 16-51</u>	REGISTRAR'S SIGNATURE <u>Steadys Jones</u>	GENERAL DIRECTOR'S SIGNATURE <u>Miss General Home</u> ADDRESS <u>Hamilton MO</u>	



1961.01.1006

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.

Signed: *R. Lester Brain*

Signed.....
Student Embalmer

Licensed Embalmer No. *4472*

P. O. Address *Hamilton N.Y.*

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.