

FILED DEC 12 1951

# STANDARD CERTIFICATE OF DEATH

State File No. 10445

1030

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6151 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY <u>Stoddard County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Elk Twp.</u>	c. LENGTH OF STAY (In this place) <u>1 yr.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Como. 1030</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If rural, give location) <u>4 miles north w. of Parma</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Christina</u> b. (Middle) <u>Jane</u> c. (Last) <u>Woolsey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 11, 1951</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 6, 1867</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>	11. BIRTHPLACE (State or foreign country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Flick</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs W.F. Jane Parma MB</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity 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>331X</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)
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 11-7, 1951, to 11-11, 1951, that I last saw the deceased alive on 11-10, 1951, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. H. Gilberd M.D.</u>	(Degree or title)	23b. ADDRESS <u>Parma Mo.</u>	23c. DATE SIGNED <u>11/12/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>Nov. 13, '51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dexter Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Dexter Missouri</u>

DATE REC'D BY LOCAL REG. <u>12-3-51</u>	REGISTRAR'S SIGNATURE <u>Walter V. Gambrell</u>	1409	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Funeral Service</u>	ADDRESS <u>Parma Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

DEC 11 1951

DISTRICT HEALTH OFFICE No. 6

No. ....

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 Walter Marshall Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.