

No. 300
10-48

FILED MAR 8 1952

STANDARD CERTIFICATE OF DEATH

State File No. 5913

BIRTH NO. _____ REG. DIST. NO. 254 PRIMARY REG. 'DIST.' NO. -4386 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Oregon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Oregon	
b. CITY (If outside corporate limits, write RURAL and give township) Thayer		c. CITY (If outside corporate limits, write RURAL and give township) Thayer	
c. LENGTH OF STAY (In this place) 5 wks		d. STREET ADDRESS (If rural, give location) 1750 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) ALVIA b. (Middle) FRANCIS c. (Last) WOOLDRIDGE			4. DATE OF DEATH (Month) 1 (Day) 8 (Year) 1952		
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH 3-15-1899	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months 9 Days 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S. A.					

13a. FATHER'S NAME W. B. Wooldridge	13b. MOTHER'S MAIDEN NAME Lillian Dell Jones	14. NAME OF HUSBAND OR WIFE Nora Wooldridge
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15. WAS DECEASED, EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Leslie Wooldridge	ADDRESS Thayer, Mo.
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Coronary heart attack</u>		INTERVAL BETWEEN ONSET AND 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.		

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)	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 Jan 15, 1952, to Jan 1, 1952, that I last saw the deceased alive on Jan 8, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Doc Cooper MD</u> (Degree or title)	23b. ADDRESS <u>Thayer Mo</u>	23c. DATE SIGNED <u>1-13-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 1	24b. DATE 1-11-1952	24c. NAME OF CEMETERY OR CREMATORY Thayer Cemetery	24d. LOCATION (City, town, or county) (State) Thayer Missouri
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DATE REC'D BY LOCAL REG. Mar. 6, 1952	REGISTRAR'S SIGNATURE <u>Arthur Wolff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard C. ...</u> ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

750

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.

Signed.....
Student Embalmer

Student Embalmer No.
Signed *Richard Carter*
Licensed Embalmer No. *4516*
P. O. Address *Thayer, 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.