

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13805

State File No. ....

12  
4

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 3053 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>McFarland Nursing Home</u> b. CITY (If outside corporate limits, write RURAL and give town or TOWN <u>Rolla, Mo</u> ) c. LENGTH OF STAY (In this place)		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (St. James)</u> <u>08711</u> d. STREET ADDRESS (If rural, give location) <u>8</u>	
3. NAME OF DECEASED a. (First) <u>Ezekiel</u> b. (Middle) <u>None</u> c. (Last) <u>Wools</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 8-52</u> <u>1952</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>12-3-1864</u>
9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Indiana</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Amos Wools</u>	
13b. MOTHER'S MAIDEN NAME <u>Anna</u>		14. NAME OF HUSBAND OR WIFE: <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Letitia Prewett, St. James, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Arterio Sclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Senility</u> 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>4200</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) (Min.)		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>2/26</u> , 19 <u>52</u> , to <u>4/8</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>4/8</u> , 19 <u>52</u> , and that death occurred at <u>2:10 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. J. H. Thomas</u>		23b. ADDRESS <u>Rolla Mo</u>	
23c. DATE SIGNED <u>4/8/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-10-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Southard Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Safe, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 14, 1952</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Steele</u> 386	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Jesse Duke</u>		ADDRESS <u>St. James, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

County File Number  
Date Filed 4-18-53

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 C. Jesse Gahr

Signed .....  
Student Embalmer

Licensed Embalmer No. 4486

P. O. Address St. James, Missouri

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.