

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35420**  
Registrar's No. **478**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **136** PRIMARY REG. DIST. NO. **2001**

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: "residence before admission") a. STATE <b>Missouri</b> b. COUNTY <b>McDonald</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Joplin</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural- Erie twp.</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR CLINIC <b>Clinch Nursing home</b> INSTITUTION <b>225 North Wall</b>		d. STREET ADDRESS (If rural, give location) <b>Anderson, Rt. 3,</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Nora</b>	b. (Middle) <b>Gertrude</b>	c. (Last) <b>Woolard</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 27, 1952</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug. 30, 1878</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	IF UNDER 11 HRS. Hours	IF UNDER 11 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		11. BIRTHPLACE (State or foreign country) <b>McDonald County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>Thomas Owen</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Bard</b>	14. NAME OF HUSBAND OR WIFE <b>William Temple Woolard</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Earl Edmonds, Anderson Rt. 3, Mo.</b>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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 **10-1-1952**, to **10-27-1952**, that I last saw the deceased alive on **10-27-1952**, and that death occurred at **9:55 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Edward M. Pike M.D.</b>	23b. ADDRESS <b>607 Union Bldg, Joplin Mo</b>	23c. DATE SIGNED <b>11-1-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct. 29, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Owsley Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>McDonald County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>11-5-52</b>	REGISTRAR'S SIGNATURE <b>Ed A. James</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>John B. Papineau</b>	ADDRESS <b>Goodman, Missouri</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

5  
4

300  
48

RECEIVED 10-7-52  
Jasper County Health Office

County File Number 52/11/865

Date Filed 10-7-52

NOV 23 1952

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.