

STANDARD CERTIFICATE OF DEATH 612² State File No. 41265

FILED NOV 25 1952

BIRTH NO. _____ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 6121 Registrar's No. 216

1. PLACE OF DEATH a. COUNTY <u>Shannon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Shannon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Blair's Creek Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Medway Mo</u>	
c. LENGTH OF STAY (in this place)		1010	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First)	b. (Middle)	c. (Last)	Nov	23	1952
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Oct 30, 1951</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>23</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Shannon Mo</u>	
12a. FATHER'S NAME <u>Robert S. Woole</u>		12b. MOTHER'S MAIDEN NAME <u>Minnie E. Chelent</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME	ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Lobar Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 hours</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused 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 checked="" type="checkbox"/>
		7630

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 Nov 23, 1952, to Nov 23, 1952, that I last saw the deceased alive on Nov 23, 1952, and that death occurred at 6:25 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles E. Sharp D.D.</u>	(Degree or title)	23b. ADDRESS <u>Wenona Mo</u>	23c. DATE SIGNED <u>11-24-52</u>
--	-------------------	----------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Nov 24, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>West Fork Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>West Fork Mo</u>
DATE REC'D BY LOCAL REG. <u>11-24-52</u>	REGISTRAR'S SIGNATURE <u>Malcolm Green</u>	447	25. FUNERAL DIRECTOR'S SIGNATURE <u>None</u>
			ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

1010

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.....

Licensed Embalmer No.....

P. O. Address.....

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.