

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **43035**

DEC 22 1952

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 384			
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia, 0804					
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital				d. STREET ADDRESS (If rural, give location) 212 East Jackson 0					
3. NAME OF DECEASED (Type or Print)		a. (First) William		b. (Middle) Earl		c. (Last) Woolery			
4. DATE OF DEATH		a. (Month) Dec.		b. (Day) 12,		c. (Year) 1952			
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH: Sept 9, 1902			
9. AGE (In years less birthday) 50		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		11. KIND OF BUSINESS OR INDUSTRY RR Shops		12. BIRTHPLACE (City and State or Foreign Country) Boonville, Missouri 0			
13a. FATHER'S NAME Wm. C. Woolery		13b. MOTHER'S MAIDEN NAME Minnie Longlass		14. NAME OF HUSBAND OR WIFE Opal Skaggs Woolery		15. CITIZEN OF WHAT COUNTRY? USA			
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. SOCIAL SECURITY NO. None		18. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Opal Woolery, Sedalia, Mo.					
19. 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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Recurrent Thrombosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 yrs. 4 yrs	
20a. DATE OF OPERATION none		20b. MAJOR FINDINGS OF OPERATION no operation		21. AUTOPSY: YES ☐ NO ☒		22. DATE SIGNED: Dec. 13, 52			
23a. ACCIDENT SUICIDE HOMICIDE NO (Specify)		23b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		23c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)		23d. HOW DID INJURY OCCUR?			
24a. TIME OF INJURY (Month) (Day) (Year) (Hour) 12/13/52		24b. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		24c. SIGNATURE (Degree or title) Dr. O. D. M. D. ADDRESS: Sedalia, Mo.					
24d. DATE SIGNED: Dec. 13, 52		24e. NAME OF CEMETERY OR CREMATORY Crown Hill		24f. LOCATION (City, town, or county) (State) Sedalia, Missouri		24g. SIGNATURE (Degree or title) Wm. C. Woolery ADDRESS: Sedalia, Mo.			
24h. DATE REC'D BY LOCAL REG. 12/13/52		24i. REGISTRAR'S SIGNATURE Wm. C. Woolery		24j. FEDERAL DIRECTOR'S SIGNATURE Wm. C. Woolery ADDRESS: Sedalia, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 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

R. E. Baker

Licensed Embalmer No. *2419*

P. O. Address

Secalia 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.