

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 796

FILED JAN 26 1953

BIRTH NO. _____		REG. DIST. NO. <u>82</u>		PRIMARY REG. DIST. NO. <u>3017</u>		Registrar's No. <u>9</u>	
1. PLACE OF DEATH a. COUNTY <u>Cooper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cooper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u>		c. LENGTH OF STAY (in this place) <u>13 Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blackwater - Jwp</u>		0290	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Haas Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>4 mi north of Blackwater</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALLEN</u> b. (Middle) <u>DADE</u> c. (Last) <u>WOOLERY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan - 13 - 1953</u>				
5. SEX <u>M</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 25 1875</u>		9. AGE (In years if under 1 year; Months if under 1 year; Days if under 1 year; Hours Min. if under 1 year) <u>77</u>		
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>Same</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri - Cooper County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas W. Woolery</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR LIFE PARTNER <u>Deceased</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Heschel Eaton</u>		ADDRESS <u>Prescott Ark.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-sclerosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>4500</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>(D)</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____		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>April</u> , 19 <u>52</u> , to <u>Jan 13</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Jan 13</u> , 19 <u>53</u> , and that death occurred at <u>3:00 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. L. Dickraeger, MD</u>				23b. ADDRESS <u>Boonville Mo</u>		23c. DATE SIGNED <u>1/14/53</u>	
24a. BURIAL OR CREMATION (Name of cemetery or crematory) <u>Boonville Mo</u>		24b. DATE <u>Jan 17 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Salt Fork Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Blackwater Mo</u>	
DATE REC'D BY LOCAL REG. <u>1/17/53</u>		REGISTRAR'S SIGNATURE <u>D. C. Hooper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hays & Jamner</u> ADDRESS <u>Boonville Mo</u>			

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

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

Berry W. Thacher

Licensed Embalmer No. 3944

P. O. Address Bozerville 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.