

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **17749**

45566  
FILED JUN 8 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **521**

**1. PLACE OF DEATH**  
a. COUNTY **Greene**  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Springfield**  
c. LENGTH OF STAY (in this place) **5 weeks**  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Baptist Hospital**

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)  
a. STATE **Missouri** b. COUNTY **Greene**  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Springfield**  
d. STREET ADDRESS (If rural, give location) **1664 East Cairo**

**3. NAME OF DECEASED**  
a. (First) **SAMUEL** b. (Middle) **B.** c. (Last) **WOOLFORD**  
**4. DATE OF DEATH** (Month) (Day) (Year) **May 31 1953**

**5. SEX** **Male** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) **Married**  
**8. DATE OF BIRTH** **January 20, 1892** **9. AGE** (In years last birthday) **61**  
**10. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **Meat Cutter** **11. BIRTHPLACE** (City and State or Foreign Country) **Arcadia, Missouri** **12. CITIZEN OF WHAT COUNTRY?** **U.S.A.**

**13a. FATHER'S NAME** **Unknown** **13b. MOTHER'S MAIDEN NAME** **Unknown** **14. NAME OF HUSBAND OR WIFE** **Nellie M Woolford**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) **No** (If yes, give war or dates of service) **No** **16. SOCIAL SECURITY NO.** **Unknown** **17. INFORMANT'S SIGNATURE OR NAME** **Mrs Nellie M Woolford, Springfield, Mo.** **ADDRESS**

**18. CAUSE OF DEATH**  
Enter only one cause per line for (a), (b), and (c)  
**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) **Coronary Thrombosis**  
**ANTECEDENT CAUSES**  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. **DUE TO (b) Throat & Ear Infection**  
**II. OTHER SIGNIFICANT CONDITIONS**  
Conditions contributing to the death but not related to the disease or condition causing death.

**INTERVAL BETWEEN ONSET AND DEATH** **49 days**

**19a. DATE OF OPERATION** \_\_\_\_\_ **19b. MAJOR FINDINGS OF OPERATION** \_\_\_\_\_ **20. AUTOPSY?** YES  NO

**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 NOT WHILE AT WORK  **21f. HOW DID INJURY OCCUR?**

**22. I hereby certify that I attended the deceased from 4-12-1952 to 5-21, 1952, that I last saw the deceased alive on 5-30, 1952, and that death occurred at 7:10A m., from the causes and on the date stated above.**

**23a. SIGNATURE** **C. E. Feller** (Degree or title) **MD** **23b. ADDRESS** **608 Cherry Springfield Mo** **23c. DATE SIGNED** **6-1-53**

**24a. BURIAL, CREMATION, REMOVAL** (Specify) **Burial** **24b. DATE** **June 2, 1953** **24c. NAME OF CEMETERY OR CREMATORY** **Eastlawn Cemetery** **24d. LOCATION** (City, town, or county) (State) **Springfield, Missouri**

**DATE REC'D BY LOCAL REG.** **6-2-53** **REGISTRAR'S SIGNATURE** **Edith Williamson** **25. FUNERAL DIRECTOR'S SIGNATURE** **Alma Schroyer, Springfield** **ADDRESS** **130**

Dr Fell

243

MAR 1 1951

70MS SEP 2 1960

JUN 8 1953

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 Carl J. Glenn  
Licensed Embalmer No. 4707

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.