

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

24282

State File No.

FILED AUG 4 - 1953

BIRTH NO. REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **88**

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Salt Pond 0970	
c. LENGTH OF STAY (in this place) 5 days		d. STREET ADDRESS (If rural, give location) North of Sweet Springs	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Ravensway Clinic			

3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) Lawrence c. (Last) Woolery			4. DATE OF DEATH (Month) (Day) (Year) July 26, 1953	
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 1, 1885	9. AGE (In years) (Month) (Day) (Year) 68 6 25	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm		11. BIRTHPLACE (State or foreign country) Saline County, Missouri 0	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME John Woolery		13b. MOTHER'S MAIDEN NAME Lula Venable		14. NAME OF HUSBAND OR WIFE Eliza Sigman Woolery	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs Eliza Woolery, Sweet Springs, Mo.	
ADDRESS					

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) Subthalamic lesion of cerebrum				INTERVAL BETWEEN ONSET AND 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 None		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)	
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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?	
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22. I hereby certify that I attended the deceased from July 22, 1953, to July 26, 1953, that I last saw the deceased alive on July 25, 1953, and that death occurred at 11 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Allen Ravenswood, MD		23b. ADDRESS Boonville, Mo.		23c. DATE SIGNED 7.27.53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 29, 1953		24c. NAME OF CEMETERY OR CREMATORY Little Grove cemetery		24d. LOCATION (City, town, or county) (State) Saline County, Mo.	
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DATE REC'D. BY LOCAL REG. 7/27/53		REGISTRAR'S SIGNATURE De Hooper 381		25. FUNERAL DIRECTOR'S SIGNATURE Campbell-Lewis		ADDRESS Marshall, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

272
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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 W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall, M

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.