

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30855**

FILED SEP 1 - 1953

BIRTH NO. _____ REG. DIST. NO. **358** PRIMARY REG. DIST. NO. **4524** Registrar's No. **14**

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY OR TOWN Walker (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN Walker Mo. (If outside corporate limits, write RURAL and give township)	
c. LENGTH OF STAY (in this place) 2 yrs.		1080 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home (If not in hospital or institution, give street address or location)		d. STREET ADDRESS (If rural, give location) Not numbered	

3. NAME OF DECEASED (Type or Print)	a. (First) Harry	b. (Middle) Ernest	c. (Last) Wooden	4. DATE OF DEATH (Month) (Day) (Year)	Aug 19 1953
-------------------------------------	-------------------------	---------------------------	-------------------------	---------------------------------------	--------------------

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 5 1887	9. AGE (In years last birthday) 66	10. UNDER 1 YEAR 7 Months 14 Days	11. UNDER 14 HRS. 0 Hours 0 Min.
--------------------	-------------------------------	---	------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Carrollton, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
---	-----------------------------------	--	---

13a. FATHER'S NAME Harvey N. Wooden	13b. MOTHER'S MAIDEN NAME Etta Kerr	14. NAME OF HUSBAND OR WIFE Ada L. Wooden Walker
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War I	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ada L. Wooden, Walker 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		Sudden
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ch. Coronary myocardial heart disease DUE TO (c)		6 months

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) (Min.)	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 **June 10, 1953**, **Aug 19**, 19**53**, that I last saw the deceased alive on **Aug 16, 1953** and that death occurred at **3:45 am**, from the causes and on the date stated above.

23a. SIGNATURE Wm. S. Walker, M.D. (Degree or title)	23b. ADDRESS Nevada Mo	23c. DATE SIGNED 8/21/53
---	-------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-21-1953	24c. NAME OF CEMETERY OR CREMATORY Berea Cemetery	24d. LOCATION (City, town, or county) (State) N.W. of Walker Mo.
---	----------------------------	--	---

DATE REC'D BY LOCAL REG. Aug 26-53	REGISTRAR'S SIGNATURE Bliss B. Daily	463	25. FUNERAL DIRECTOR'S SIGNATURE Kay's Funeral Service	ADDRESS Nevada, Mo.
---	---	-----	---	----------------------------

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

1080

SEP 4 1958

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 Allen V. Hayes

Licensed Embalmer No. 1968

P. O. Address Nevada, 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.