

FILED MAY 11 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12935**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **78**

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

1. PLACE OF DEATH a. COUNTY <b>Phelps.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rolla</b>		c. LENGTH OF STAY (in this place) <b>1 year</b>	c. CITY OR TOWN <b>Rolla</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>McFarland Nursing Home</b>		e. STREET ADDRESS (If rural, give location) <b>103 S. Olive Street</b>	

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3. NAME OF DECEASED a. (First) <b>WESLEY</b>		b. (Middle) <b>DANIEL</b>		c. (Last) <b>WOOLSEY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 30, 1954</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>January 16, 1878</b>		9. AGE (In years last birthday) <b>76</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bridge Builder</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Public works</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Phelps County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	

13a. FATHER'S NAME <b>James P. Woolsey</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Turner</b>		14. NAME OF HUSBAND OR WIFE <b>Edith</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Hospital records</b>	

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		
	ANTECEDENT CAUSES DUE TO (b) _____ Morbidity contributing to the death but not related to the disease or condition causing death. <b>ex arthritis</b> DUE TO (c) _____		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>		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 **4-20**, 19**53**, to **time of death**, 19**54**, that I last saw the deceased alive on **4-10**, 19**54**, and that death occurred at **4:20 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E. E. Feind M.D.</b>		23b. ADDRESS <b>Rolla Mo.</b>		23c. DATE SIGNED <b>4-30-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 2, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Beaver Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Phelps County, Missouri</b>	

DATE REC'D BY LOCAL REG. <b>May 5, 1954</b>		REGISTRAR'S SIGNATURE <b>Nadine L. Stolle</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul E. Null</b>	
				ADDRESS <b>Rolla, Mo.</b>	

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.....  
Signature of Student Embalmer

Signed..... Paul E. N...

Licensed Embalmer No..... 449

P. O. Address..... Rolla,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.