

FILED JUN 14 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15360

BIRTH NO. _____		REG. DIST. NO. 82		PRIMARY REG. DIST. NO. 4144		Registrar's No. 45			
1. PLACE OF DEATH a. COUNTY COOPER -				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo - b. COUNTY COOPER					
b. CITY (If outside corporate limits, with RURAL and give township) OR TOWN PILOT-GROVE		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN PILOT-GROVE		d. Is Residence within limits of a city (incorporated town)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION None				e. STREET ADDRESS (If rural, give location) X X 0270					
3. NAME OF DECEASED (Type or Print) a. (First) MARY-SUE-WOOLERY - b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) June 6 - 1954						
5. SEX Female	6. COLOR OR RACE w.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Dec 24 - 1874	9. AGE (In years last birthday) 79	10. IF UNDER 1 YEAR Days	11. IF UNDER 1 YEAR Hours	12. IF UNDER 1 YEAR Min.		
10a. USUAL OCCUPATION (Give kind of work constituting most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (City and State or foreign Country) COOPER MO. USA		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME JASPER-CONNALLY			13b. MOTHER'S MAIDEN NAME Margaret Cooper		14. NAME OF HUSBAND OR WIFE Joseph Woolery				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Joseph Woolery - Pilot Grove		18. 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) Circulation collapse ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Valvular Lesions DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 7 hours	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4214				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) m.		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 May 1951, to June 6, 1954, that I last saw the deceased alive on June 6, 1954, and that death occurred at 3 PM m., from the causes and on the date stated above.									
23a. SIGNATURE (Name or Title) [Signature]				23b. ADDRESS Pilot Grove		23c. DATE SIGNED 6-7-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 9-54		24c. NAME OF CEMETERY OR CREMATOR Y Wesley Chapel Cem. Pilot Grove Mo.		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. 6/8/54		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Pilot Grove			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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.....  
Signature of Student Embalmer

Signed *Rayton E. Hayes*.....

Licensed Embalmer No. *307*.....

P. O. Address *Pilot Grove*.....

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.