

FILED MAY 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12720

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 5818 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY MORGAN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MORGAN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - MOREAU		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - MOREAU	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 1/2 mi - W - ELDON		d. STREET ADDRESS (If rural, give location) 3 1/2 mi - W - ELDON	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Edgar c. (Last) Woolley			4. DATE OF DEATH (Month) (Day) (Year) APRIL - 21 - 1955			
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 16-Feb-1892	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER.		10b. KIND OF BUSINESS OR INDUSTRY Gen-FARMER.		11. BIRTHPLACE (State or foreign country) Miller-Co-Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Joseph-Woolley		13b. MOTHER'S MAIDEN NAME Alma-Sibbons		14. NAME OF HUSBAND OR WIFE Lennie-Woolley	
15. HAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lennie-Woolley - Barnett-Mo	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Degeneration			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 Rheumatoid arthritis			

19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION NONE		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NONE	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NONE		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? NONE	

22. I hereby certify that I attended the deceased from Jan, 1955, to April, 1955, that I last saw the deceased alive on 2-27-55, 1955, and that death occurred at 7:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carl J. Richler, M.D.		23b. ADDRESS Eldon Mo		23c. DATE SIGNED 4-23-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 23 April - 55		24c. NAME OF CEMETERY OR CREMATORY Hopewell	
DATE REC'D BY LOCAL REG. 4-23-55		REGISTRAR'S SIGNATURE J. S. Haskin		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Keith Mays, Eldon Mo	

(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
Student Embalmer

Signed Keith M. Kays

Licensed Embalmer No. 3998

P. O. Address Elkton 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.