

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1486**

FILED FEB 6 1956

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| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | | | |
| 1. PLACE OF DEATH a. COUNTY JACKSON | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY MIAMI | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY | | c. LENGTH OF STAY (in this place) 2 weeks | | c. CITY OR TOWN OSAWOTAMIE | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL | | | | f. STREET ADDRESS (If rural, give location) ROUTE 2 | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) GERALD | | | b. (Middle) DALE | | c. (Last) WOOLSEY | | 4. DATE OF DEATH (Month) (Day) (Year) January 11, 1956 | | |
| 5. SEX <input type="radio"/> Male <input type="radio"/> Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH December 25, 1919 | | 9. AGE (In years last birthday) 36 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 12 HRS: Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher School | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | 11. BIRTHPLACE (City and State or Foreign Country) Norwood, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Joe Woolsey | | | 13b. MOTHER'S MAIDEN NAME Myra Lacy | | | 14. NAME OF HUSBAND OR WIFE Katherine | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII | | | 16. SOCIAL SECURITY NO. 515 24 6879 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA Hospital Official Records, K. C. 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, asthma, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema and congestion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertrophy of heart and acute fibrinous pericarditis DUE TO (c) Nephrosclerosis, arteriosclerosis | | | | INTERVAL BETWEEN ONSET AND DEATH 13 years | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anasarca | | | | | | | | 442x | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) VA | | 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 December 28, 1955 , to January 11, 1956 , THE OCCASION OF HIS DEATH and that death occurred at 5:25 Pm. , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) GUIDO PODRECCA, M.D. Guido Podrecca | | | | 23b. ADDRESS VA Hospital, Kansas City, Mo. | | | 23c. DATE SIGNED 1/12/56 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | | 24b. DATE JAN-12-1956 | | 24c. NAME OF CEMETERY OR CREMATORY — | | 24d. LOCATION (City, town, or county) (State) OSAWATOMIE, KANSAS | | | |
| DATE REC'D BY LOCAL REG. 1-13-56 | | REGISTRAR'S SIGNATURE Neva Marshall | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. Proctor Sons 1331 BUSH CREEK KANSAS CITY, MO. | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

APR 11 1956

SEP 9 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,
Signature of Student Embalmer

Signed *Chester K Brown*

Licensed Embalmer No. 4

P.O. Address *K C V*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.