

FILED FEB 14 1956

STANDARD CERTIFICATE OF DEATH

State File No. 2457BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 4450 Registrar's No. 594

1. PLACE OF DEATH a. COUNTY <u>Ripley</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Doniphan</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Doniphan</u>	
c. LENGTH OF STAY (in this place) <u>10 years</u>		d. STREET ADDRESS (If rural, give location) <u>0910</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>Augustine Woolard</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 26 1956</u>		
a. (First)	b. (Middle)		c. (Last)		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Mar. 22, 1892</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Butler Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>James Williamson</u>		13b. MOTHER'S MAIDEN NAME <u>Addie Hayes</u>		14. NAME OF HUSBAND OR WIFE <u>James Eder Woolard</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <u>22</u> @ unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Homer Wheeler Donophan, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>		DUE TO (b) <u>arteriosclerosis</u>		DUE TO (c)	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<u>4200</u>			

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)		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, 1955, to Jan, 1956, that I last saw the deceased alive on Jan 24, 1956, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank Johnson M.D.</u>		(Degree or title)		23b. ADDRESS <u>Donophan Mo</u>		23c. DATE SIGNED <u>2-25-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 22/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Naylor</u>		24d. LOCATION (City, town, or county) (State) <u>Naylor, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-4-56</u>		REGISTRAR'S SIGNATURE <u>FR Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>2770</u>		ADDRESS <u>McCord Gish Naylor, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Bryan McCord

Licensed Embalmer No. *4079*

P. O. Address *Naylor, 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.