FILED MAR 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11994

BIRTH NO. _____ REG. DIST. NO. 322 PRIMARY REG. DIST. NO 3071 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Slater
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Slater
d. STREET ADDRESS (If rural, give location): 117 N. Walnut

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Edward
c. (Last): Woolery

4. DATE OF DEATH (Month) (Day) (Year): March 1-1956

5. SEX: male
6. COLOR OR RACE: negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July, 15th 1880
9. AGE (In years last birthday): 75 — If under 1 year: Months 7, Days 16, Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (City and State or Foreign Country): Saline County, Mo.
12. CITIZEN OF WHAT COUNTRY?: U S
13a. FATHER'S NAME: George Woolery
13b. MOTHER'S MAIDEN NAME: Susan Jane Crawford
14. NAME OF HUSBAND OR WIFE: Lena Woolery
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 492-18-2574
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Lena Woolery, Slater, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolism. — 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) Hypertensive-Cardio-Vascular disease 1-2 years
DUE TO (c) Generalized Arteriosclerosis.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 443x
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb 28, 1956, *to* March 1, 1956, *that I last saw the deceased alive on* Feb 29, 1956, *and that death occurred at* 1 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: N. Nelson Amaris (Degree or title) M.D
23b. ADDRESS: 214½ N. Main St / Slater Mo
23c. DATE SIGNED: 3-2-56
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/4/56
24c. NAME OF CEMETERY OR CREMATORY: Mt Moriah Cemetery
24d. LOCATION (City, town, or county) (State): Slater Saline MO
DATE REC'D BY LOCAL REG.: 3/5/56
REGISTRAR'S SIGNATURE: Mrs. Earl C. Metz
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Hill Brothers Slater 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 Sam M Hill

Licensed Embalmer No. 1292

P. O. Address Slater 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.