Health, Welfare Public Service

300 1-56 3

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED NOV 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35135
STATE FILE NUMBER

Registration District No. 65 Primary Registration District No. 3249 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Chariton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dalton, Mo. Rural — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Cut-off Hunting Club — Length of stay in 1b 1 hour

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Chariton
c. CITY OR TOWN Brunswick — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 804 County Road — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last: William Ernest Wooldridge
4. DATE OF DEATH Month Day Year: Nov. 4, 1957
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Feb. 23, 1910
9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Public Accountant
10b. KIND OF BUSINESS OR INDUSTRY: Public Accountant
11. BIRTHPLACE (City and state or country): Brunswick, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Ernest M. Wooldridge
14. MOTHER'S MAIDEN NAME: Mary Grimsley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 486-05-0486
17. INFORMANT Address: Mrs. Frances Wooldridge, Brunswick, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month Day Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11-4-57, to 11-4-57 and last saw ~~her~~ him alive on 10-31-57
Death occurred at 3:55 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): D. D. Stuart M. D.
22b. ADDRESS: Brunswick
22c. DATE SIGNED: 11-6-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Nov. 6, 1957
23c. NAME OF CEMETERY OR CREMATORY: Elliott Grove
23d. LOCATION (City, town, or county) (State): Brunswick, Missouri

24. FUNERAL DIRECTOR: Heisel Funeral Home — ADDRESS: Brunswick, Mo.
25. DATE RECD. BY LOCAL REG.: 11-13-57
26. REGISTRAR'S SIGNATURE: Thomas L Dundon

(Licensed Embalmer's Statement on Reverse Side)

20 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Gerald A. Burger

Licensed Embalmer No. 47

P. O. Address Brunswi

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