

Health,
& Welfare
Public
Service

Dr. F. E. Fain

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037362

STATE FILE NUMBER

FILED NOV 12 1958

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 211

S. 300
1-57

0

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Douglas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Ava
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Phelps Co. Memorial		Length of stay in 1b 1 day	d. STREET ADDRESS Hwy 14 East
3. NAME OF DECEASED (Type or print) First Middle Last CHARLEY HURT WOOLMAN			4. DATE OF DEATH Month Day Year Nov. 6, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5/8/1887
9. AGE (In years last birthday) 71		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) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming	11. BIRTHPLACE (City and state or country) Kansas
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Woolman	
13b. MOTHER'S MAIDEN NAME Mary Cooley		14. NAME OF HUSBAND OR WIFE Lyde Woolman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none	17. INFORMANT Lyde Woolman Address Ava, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>coronary sclerosis & occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 or 3 days</u>
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) <u>ch recurrent peptic ulcer.</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4201		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	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 <u>11-5-58</u> <u>11-6-58</u> and last saw ^{her} him alive on <u>11-6-58</u> Death occurred at <u>Ten</u> <u>P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>F. E. Fain</i>		22b. ADDRESS Rolla mo.	22c. DATE SIGNED 11-7-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11/7/1958	23c. NAME OF CEMETERY OR CREMATORY Yates Cemetery	23d. LOCATION (City, town, or county) (State) Ava, Mo.
24. FUNERAL DIRECTOR ADDRESS Clinkenbeard F. H. Ava, Mo.		25. DATE RECD. BY LOCAL REG. Nov. 7, 1958	26. REGISTRAR'S SIGNATURE <i>Nadine L. Stoll</i>

8561 8 030

Date Filed November 11 1958
Mortuary No. 10,1458

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 ML, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address Rolla, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.