

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045099
STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 5905 Registrar's No. 244
FILED DEC 29 1958

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Indiana</u> b. COUNTY <u> </u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Godair</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>French Lick</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R. R. 2</u>		Length of stay in 1b <u>2 1/2 Mo.</u>	d. STREET ADDRESS (If outside, give location) <u>106 Olive</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Lowanda</u> Middle <u>Carol</u> Last <u>Woolsey</u>			4. DATE OF DEATH Month <u>12</u> Day <u>11</u> Year <u>58</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>5-4-1958</u>		9. AGE (In years last birthday) <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (City and state or country) <u>Salem, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Dewey Eugene Woolsey</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia Louise Boyer</u>		14. NAME OF HUSBAND OR WIFE <u>X</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT Address <u>Virginia L. Boyer Portageville, Mo.</u>		
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>Pneumonia- this baby found dead in bed. Examination by Dr. indicates Pneumonia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>493X</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)					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.)			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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 _____ to _____ and last saw her/him alive on _____ Death occurred at <u>9 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>James A. Debus</u> Coroner <u>3</u>			22b. ADDRESS <u>Wardell, Mo.</u>		22c. DATE SIGNED <u>12-11-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-13-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wardell Memorial</u>		23d. LOCATION (City, town, or county) (State) <u>Wardell, Mo.</u>
24. FUNERAL DIRECTOR <u>Osburn Funeral Home, Wardell, Mo.</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>12-12-58</u>		26. REGISTRAR'S SIGNATURE <u>John W. German</u>

(Licensed Embalmer's Statement on Reverse Side)

Health & Welfare Public Service
5-300
1-57
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 TYPE IF POSSIBLE
MEDICAL CERTIFICATION

DEC 22 1958

COURT HOUSE
CARTHERSVILLE, MO.
PHONE 79

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 James A. Deben

Licensed Embalmer No. 4185

P. O. Address Wardell, 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.