

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046548

STATE FILE NUMBER

SL 18657

FILED JAN 14 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12561

300
-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N GRAND ST LOUIS MO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN DESOTO 0502 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 35 VETS ADMIN HOSPITAL		Length of stay in lb 17 HOURS	d. STREET ADDRESS (If outside, give location) 29 802 BLOW Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JAMES C WOOLSEY			4. DATE OF DEATH Month Day Year DEC 27 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 11/6/14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARMAN		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 44
11. BIRTHPLACE (City and state or country) PARMA, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JAMES WOOLSEY		13b. MOTHER'S MAIDEN NAME NANNIE LEE HARDIN	14. NAME OF HUSBAND OR WIFE FLORENCE WOOLSEY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <input checked="" type="checkbox"/> No, <input type="checkbox"/> (If yes, give with date of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address VA HOSP RECORDS 915 N GRAND ST LOUIS 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) ACUTE MYOCARDIAL INFARCTION DUE TO (b) THROMBOSIS RIGHT CORONARY ARTERY Conditions, if any, which gave rise to above cause, stating underlying cause last. DUE TO (c) 4201 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 2 DAYS 2 DAYS
19a. 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.)	
20a. TIME OF INJURY Hour . Month, Day, Year a.m. p.m.		20c. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 12/26/58 to 12/27/58 and last saw him alive on 12/27/58 Death occurred at 10:00 AM m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) B. W. JUSTICE, M.D.	
22b. ADDRESS VAH, ST LOUIS, MISSOURI		22c. DATE SIGNED 12/27/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/30/58	23c. NAME OF CEMETERY OR CREMATORY Woodlawn CEMETERY	23d. LOCATION (City, town, or county) (State) De Soto Mo.
24. FUNERAL DIRECTOR J. Lee Mothershead DeSoto, Mo.		25. DATE RECD. BY LOCAL REG. DEC 29 58	26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. M. G. B.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Andrew H. England*

Licensed Embalmer No. *4745*

P. O. Address *De Soto, 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.