

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-006153

STATE FILE NUMBER

AMENDED

Registration District No. 290

Primary Registration District No. 4427

Registrar's No. 15

FILED VS MAR 6 1961

1. PLACE OF DEATH
a. COUNTY Pulaskib. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN WaynesvilleLength of stay in 1b
5 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION General HospitalInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Morgan

c. CITY OR TOWN Glensted

Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
Millcreek TwspReside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Golda

Mabel

Woolery

4. DATE OF DEATH

Month

Day

Year

Feb

14

1961

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Apr 28 1894 70

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Domestic

11. BIRTHPLACE (City and state or country)

Morgan Co. Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William Thomas McCray

13b. MOTHER'S MAIDEN NAME

Lillian Belle Carr

14. NAME OF HUSBAND OR WIFE

Rowen S. Woolery

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

499-14-3313

17. INFORMANT

Omar Woolery

Address

Everly Iowa

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiovascular & Renal Disease

INTERVAL BETWEEN ONSET AND DEATH

6 mo.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Carcinoma of abdomen

1-2 yrs

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

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

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

Last 10 days

and last saw her alive on 2-14-61

Death occurred at

12:15A

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Waynesville Missouri

22c. DATE SIGNED

2/14/61

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

2/14/61

23c. NAME OF CEMETERY OR CREMATORY

Sedalia Cemetery

23d. LOCATION (City, town, or county)

Sedalia Missouri

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

2-14-61

26. REGISTRAR'S SIGNATURE

Gula Anderson

Moss-Williams Funeral Homes Waynesville Mo

(Licensed Embalmer's Statement on Reverse Side)

MAR 6 1961

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 Clarence Thross

Licensed Embalmer No. 4896

P. O. Address Waymire, 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.