

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9580**

FILED MAR 16 1953

BIRTH NO. _____ REG. DIST. NO. **133** PRIMARY REG. DIST. NO. **5486** Registrar's No. **29**

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Harrison	
b. CITY OR TOWN Dallas Township	c. LENGTH OF STAY (in this place) 29 yrs	c. CITY OR TOWN Dallas Township 0410	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 1/2 mile North of New Hampton		d. STREET ADDRESS Home (If rural, give location) 3 1/2 mile North of New Hampton	

3. NAME OF DECEASED (Type or Print) ROY	a. (First)	b. (Middle)	c. (Last) Woolums	4. DATE OF DEATH March 12 1953
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5. SEX M	6. COLOR OF RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr 1 1892	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 11 Days 11	IF UNDER 1 HR. Hours 11 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Ringo County Iowa	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James M Woolums	13b. MOTHER'S MAIDEN NAME Almira Jane White	14. NAME OF HUSBAND OR WIFE Ona Woolums
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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. r	17. INFORMANT'S SIGNATURE OR NAME Ona Woolums	ADDRESS New Hampton
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Postencephalitic Parkinsonism		INTERVAL BETWEEN ONSET AND DEATH 28 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Encephalitis		
	DUE TO (b) 0830		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis		5 years	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **3/11**, 19**53**, to **3/12**, 19**53**, that I last saw the deceased alive on **3/12**, 19**53**, and that death occurred at **11:50** m., from the causes and on the date stated above.

23a. SIGNATURE Leonard R. Lee M.D. (Degree or title)	23b. ADDRESS Bethany, Mo.	23c. DATE SIGNED 3/13/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 14 1953	24c. NAME OF CEMETERY OR CREMATORY Loan Star Country	24d. LOCATION (City, town, or county) (State) Country County MO
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DATE REC'D BY LOCAL REG. 3/13/53	REGISTRAR'S SIGNATURE Zola Burris	25. FUNERAL DIRECTOR'S SIGNATURE W H Noble	ADDRESS New Hampton Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

410

DEC 3 1957

FEB 11 1959

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W H Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton MD

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 this body is not embalmed, fact should be so stated above.