

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019318
State File No.

FILED JUN 5 1958

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 40

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Putnam			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Harrison			
b. CITY (If outside corporate limits, write RURAL and give township) Unionville		c. LENGTH OF STAY (in this place) 4 Weeks	c. CITY OR TOWN New Hampton		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Monroe Hospital			e. STREET ADDRESS (If rural, give location) 1 1/4 Mile North Of New Hampton			
3. NAME OF DECEASED (Type or Print) a. (First) Francis		b. (Middle) Earl	c. (Last) Woollums	4. DATE OF DEATH (Month) (Day) (Year) May 25 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 16 1886	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months _____ Days _____	
IF UNDER 18 HRS. Hours _____ Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). Farmer		10b. KIND OF BUSINESS OR INDUSTRY Land Owner	11. BIRTHPLACE (City and State or Foreign Country) Ringo County Iowa	12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME James Woollums		13b. MOTHER'S MAIDEN NAME Almira J. White		14. NAME OF HUSBAND OR WIFE Perl Woollums		
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. 497-40-6550	17. INFORMANT'S SIGNATURE OR NAME Perl Woollums		ADDRESS New Hampton Mo		
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fluoridosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 1 year		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) 1992			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from Jan 10, 1954 , to May 25, 1958 , that I last saw the deceased alive on May 25, 1958 , and that death occurred at 12:20am. , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) Chris H. Judd D.O.			23b. ADDRESS Unionville Mo		23c. DATE SIGNED 5-26-58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 27 1958	24c. NAME OF CEMETERY OR CREMATORY Lone Star Cemetry	24d. LOCATION (City, town, or county) (State) Gentry County Missouri			
DATE REC'D BY LOCAL REG. 5-29-58	REGISTRAR'S SIGNATURE Marvell Durbin		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. H. Noble & Son New Hampton MO			

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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.....
Signature of Student Embalmer

Signed W. G. Noble.....

Licensed Embalmer No. 2907.....

P. O. Address New Hampton.....

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.