

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006217

STATE FILE NUMBER

FILED MAR 11 1959

Registration District No. 170 Primary Registration District No. Registrar's No. 83

300
-57 3

1. PLACE OF DEATH a. COUNTY Laclede			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE S. Carolina COUNTY Charleston		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Spring Hollow T.S.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Charleston		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 Miles HW 64		Length of stay in 1b —	d. STREET ADDRESS (If outside, give location) USS STALWART MSO493		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First RODNEY Middle CHARLES Last WOOLSTRUM			4. DATE OF DEATH Month Feb. Day 24, Year 1959		
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 Mar. 18, 1934	9. AGE (In years last birthday) 24	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) sonarman 1		10b. KIND OF BUSINESS OR INDUSTRY U.S. Navy	11. BIRTHPLACE (City and state or country) Cambridge Springs, Pa.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Charles Woolstrum		13b. MOTHER'S MAIDEN NAME Marie (Unknown)		14. NAME OF HUSBAND OR WIFE Mary Woolstrum	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. 3-18-52 2-24-59 165-26-7526	17. INFORMANT Address Mrs. Mary Woolstrum Plad, 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) Multiple injuries					INTERVAL BETWEEN ONSET AND DEATH 30 Min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) crushed chest					
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 checked="" 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.) Automobile Accident			
20c. TIME OF INJURY Hour XIX Month, Day, Year 2 24 1959 p.m. 8:30		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 64			
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Spring Hollow T.S. Laclede Mo.		STATE Mo.	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 9:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>J.R.P. Johnson</i> (Degree or title) Coroner 3			22b. ADDRESS <i>Lebanon, Mo.</i>		22c. DATE SIGNED 2-24-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-3-1959	23c. NAME OF CEMETERY OR CREMATORY Springfield National Cem Springfield Missouri		23d. LOCATION (City, town, or county) (State)
24. PREPARED BY <i>Hedges Funeral Homes Inc</i>		ADDRESS Waynesville Mo	25. DATE RECD. BY LOCAL REG. 3-2-1959	26. REGISTRAR'S SIGNATURE <i>Hella L. Hays</i>	

(Licensed Embalmer's Statement on Reverse Side)

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 Clarence Thross

Licensed Embalmer No. 4896

P. O. Address Waynesville, N

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.