

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-026689**

FILED VS AUG 4 1960

Registration District No. 144 Primary Registration District No. 5562 Registrar's No. 89

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Iron</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Iron</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Ironton, Arcadia Twp. life</b>		Length of stay in 1b <b>life</b>		c. CITY OR TOWN <b>Ironton</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1/2 Mile east of Ironton</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1/2 mile east of Ironton</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>OLLIE</b> Middle <b>ARDELIA</b> Last <b>WOOLEM</b>				4. DATE OF DEATH Month <b>July</b> Day <b>26</b> Year <b>1960</b>			
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>4/28/1888</b>	9. AGE (last birthday) <b>72</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>		11. BIRTHPLACE (City and state or country) <b>Iron county, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Allen Monroe Hampton</b>			13b. MOTHER'S MAIDEN NAME <b>Sarah Hampton</b>		14. NAME OF HUSBAND OR WIFE <b>Jess Woolem</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Mrs. Pauline Harer, Iron Mtn., Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Malnutrition</b> DUE TO (b) _____ DUE TO (c) <b>Rheumatoid arthritis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b> <b>10 years</b>	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. 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.)				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <b>8-15-55</b> to <b>7-26-60</b> and last saw her <sup>her</sup> <sub>alive</sub> on <b>7-23-60</b> Death occurred at <b>4:30</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Marvin C. Moore M.D.</i>				22b. ADDRESS <b>Ironton, Missouri</b>		22c. DATE SIGNED <b>7-29-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>7-29-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Arcadia Valley Mem. Park</b>		23d. LOCATION (City, town, or county) (State) <b>Ironton, Mo.</b>			
24. FUNERAL DIRECTOR ADDRESS <b>White Funeral Home, Ironton, Mo.</b> <i>Archie White</i>			25. DATE RECD. BY LOCAL REG. <b>7-29-60</b>		26. REGISTRAR'S SIGNATURE <i>Mrs. Avis Jones</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

\_\_\_\_\_ hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Lyle H. White

Licensed Embalmer No. 4295

P. O. Address Ironton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.