

FILED DEC 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41783**

BIRTH NO. _____		REG. DIST. NO. 825		PRIMARY REG. DIST. NO. 4342		Registrar's No. 224	
1. PLACE OF DEATH a. COUNTY MONTGOMERY				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE MO b. COUNTY MONTGOMERY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JONESBURG		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JONESBURG		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) LEROY			b. (Middle) WOOLRICH			c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) Dec 7 54		5. SEX Male		6. COLOR OR RACE Color		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 1865		9. AGE (In years last birthday) 89		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINISTER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Tenn		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE HELEN WOOLRICH			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS HELEN WOOLRICH Jonesburg 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, arteria, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis ANTECEDENT CAUSES DUE TO (b) Chronic Arterio Sclerotic Nephritis DUE TO (c) Questionable Ca of Stomach II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 7 days 5 yrs ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 446xH				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
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?			
22. I hereby certify that I attended the deceased from Nov 21 , 19 54 , to Dec 7 , 19 54 , that I last saw the deceased alive on Nov 30 , 19 54 , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE James O. Helms (Degree or title)				23b. ADDRESS New Florence Mo		23c. DATE SIGNED 12-7-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 10-54		24c. NAME OF CEMETERY OR CREMATORY Jonesburg		24d. LOCATION (City, town, or county) (State) Jonesburg Mo	
DATE REC'D BY LOCAL REG. 12-18-54		REGISTRAR'S SIGNATURE Mrs May Miller		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ed Harding Jonesburg Mo			

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

2700

5000 6 T 1000

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
Student Embalmer

Signed Carl A. Duder

Licensed Embalmer No. 4115

P. O. Address Jonestown, 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 this body is not embalmed, fact should be so stated above.