

FILED MAY 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH17305
State File No. 89-53

BIRTH NO. _____		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>4409</u>		Registrar's No. <u>89-53</u>			
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Newburg</u>		c. LENGTH OF STAY (in this place) <u>4 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Newburg</u>		8810			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print) a. (First) <u>VIRBIL</u> b. (Middle) <u>RICHARD</u> c. (Last) <u>WOOLSEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 13-1956</u>						
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb 3-1901</u>			
9. AGE (in years last birthday) <u>55</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Arlington Mo</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>George Woolsey</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Hargis</u>		14. NAME OF HUSBAND OR WIFE <u>Hellia Woolsey Ma</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>455 94 9903</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Willis Woolsey</u>		ADDRESS <u>Newburg Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetic gangrene</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS. <u>Diabetes mellitus</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 or 3 months</u>	
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) _____		260X			
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 <u>4-30</u> , 19 <u>56</u> , to <u>5-12</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>5-12</u> , 19 <u>56</u> , and that death occurred at <u>6:55</u> A.M., from the causes and on the date stated above.									
23a. SIGNATURE <u>E. E. Fain M.D.</u> (Degree or title)				23b. ADDRESS <u>Rolla Mo.</u>		23c. DATE SIGNED <u>5-16-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>May 14-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Olive</u>		24d. LOCATION (City, town, or county) (State) <u>Newburg Mo</u>			
DATE REC'D BY LOCAL REG. <u>May 16, 1956</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lee Johnson</u>		ADDRESS <u>Newburg Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Phelps County Health Officer,

County File Number 418

Date Filed May 22-1956

MAY 31 1956

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

Lee Johnson

Licensed Embalmer No. 3392

P. O. Address _____

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.