

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1718

FILED FEB 8 1949

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEXINGTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEXINGTON</u>	
c. LENGTH OF STAY (In this place)		54	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North 17th St. 1</u>		d. STREET ADDRESS (If rural, give location) <u>No 13th 17th St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>KATHLEEN</u> b. (Middle) <u>WOODRUFF</u> c. (Last) <u>WOODRUFF</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 28 1949</u>		
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAR. 1 1893</u>	9. AGE (In years last birthday) <u>55</u>	10. UNDER 1 YEAR <u>10</u>	11. UNDER 6 Mths. <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School TEACHER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rural School</u>		11. BIRTHPLACE (State or foreign country) <u>Knob Noster, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>JAMES B. DORRISLY</u>	13b. MOTHER'S MAIDEN NAME <u>MARGARET BURNS</u>	14. NAME OF HUSBAND OR WIFE <u>Rudolph Woodruff</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Rudolph Woodruff</u>	ADDRESS <u>Lex. Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>3011</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____	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 28, 1949, to Jan 28, 1949 that I last saw the deceased alive on Jan 28 1949, and that death occurred at 11:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ben H. Bissel, M.D.</u>	23b. ADDRESS <u>Lexington Mo</u>	23c. DATE SIGNED <u>1-28-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>1-29-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SUNSET HILL</u>	24d. LOCATION (City, town, or county) (State) <u>WARRENSBURG, Mo</u>
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DATE REC'D BY LOCAL REG. <u>4 Feb. 49</u>	REGISTRAR'S SIGNATURE <u>M. M. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>FORREST TEMPEL</u>	ADDRESS <u>LEXINGTON, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

54
3
2

FEB 10 1968

JUL 14 1953

APR 4 1968

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.

Signed _____

J. L. McKean

Signed _____
Student Embalmer

Licensed Embalmer No. _____

2983

P. O. Address _____

Lexington, 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.