

FILED JAN 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3477

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6892 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Subs</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Worth</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Normal Marshall, Ind.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wausau City 3848</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State School</u>		d. STREET ADDRESS (If rural, give location) <u>876 W. 22nd St</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leo</u> b. (Middle) <u>Wengest</u> c. (Last) <u>Woodruff</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 22 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Jan 28-1929</u>
9. AGE (In years last birthday) <u>27</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>	11. BIRTHPLACE (State or foreign country) <u>Indiana</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>State School</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>H. F. Woodruff</u>		13b. MOTHER'S MAIDEN NAME <u>Ethel Wengest</u>	14. NAME OF HUSBAND OR WIFE <u>Single</u>
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. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W. H. Davidson M.D. Ind State School</u> ADDRESS _____
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary tuberculosis</u> DUE TO (c) <u>NO</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Iron deficiency</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)		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>Aug 15, 1948</u> , to <u>Jan 22, 1951</u> , that I last saw the deceased alive on <u>Jan 22, 1951</u> , and that death occurred at <u>9:56 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm H Davidson M.D.</u> (Degree or title)		23b. ADDRESS <u>Ind State School Mo</u>	
23c. DATE SIGNED <u>Jan 22 1951</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Jan-23-1951</u>	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Wausau City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 23-1951</u>		REGISTRAR'S SIGNATURE <u>Sidney J. Gray</u> 385	
25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE-MELHRE</u>		ADDRESS <u>Wausau City Mo.</u>	

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

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RECEIVED 1-29-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 1-29-51

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 _____
Student Embalmer

Signed J. Lealie Swanson

Licensed Embalmer No. 3235

P. O. Address Marshall, 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.