

FILED DEC 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37676

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5095

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|------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give town OR TOWN Kansas City <i>about 1/2 length of town</i>) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2 | | d. STREET ADDRESS (If rural, give location) 2119 Park | |

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|-------------------------------------|---------------------------|-----------------------|----------------------------|----------------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) William | b. (Middle) M. | c. (Last) Woolridge | 4. DATE OF DEATH (Month) (Day) (Year) 11 25 51 |
|-------------------------------------|---------------------------|-----------------------|----------------------------|----------------------------------------------------------|

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|--------------------|-------------------------------|-----------------------------------------------------------------------|--------------------------------|-------------------------------------------|------------------------|-----------------------|-------|------|
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 4-2-75 | 9. AGE (In years last birthday) 76 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | Hours | Min. |
|--------------------|-------------------------------|-----------------------------------------------------------------------|--------------------------------|-------------------------------------------|------------------------|-----------------------|-------|------|

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|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------|---------------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown messenger | 10b. KIND OF BUSINESS OR INDUSTRY - | 11. BIRTHPLACE (State or foreign country) Boonville, Missouri | 12. CITIZEN OF WHAT COUNTRY? America |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------|---------------------------------------------|

| | | |
|----------------------------------------------|----------------------------------------|------------------------------------------------------|
| 13a. FATHER'S NAME Harrison Woolridge | 13b. MOTHER'S MAIDEN NAME Susan | 14. NAME OF HUSBAND OR WIFE Bernice Woolridge |
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|-----------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------|--------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. - | 17. INFORMANT'S SIGNATURE OR NAME Nettie Sarver | ADDRESS 2119 Park |
|-----------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------|--------------------------|

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia (clinical) | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Arterionephrosclerosis. DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardiovascular Disease. | | 442x | |

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|------------------------|----------------------------------|-------------------------------------------------------------------------------------|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) (m.) | 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 11-23-51, 1951, to 11-25-51, 1951, that I last saw the deceased alive on 11-24-51, 1951, and that death occurred at 5:00 a.m., from the causes and on the date stated above.

| | | |
|------------------------------------------------------------------|------------------------------------------|----------------------------------|
| 23a. SIGNATURE E. Frank Ellis (Degree or title) MD | 23b. ADDRESS 600 East 22nd Street | 23c. DATE SIGNED 11-26-51 |
|------------------------------------------------------------------|------------------------------------------|----------------------------------|

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|---------------------------------------------------------|---------------------------|----------------------------------------------------|-------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Buried | 24b. DATE 11-27-51 | 24c. NAME OF CEMETERY OR CREMATORY Highland | 24d. LOCATION (City, town, or county) (State) Jackson, Mo. |
|---------------------------------------------------------|---------------------------|----------------------------------------------------|-------------------------------------------------------------------|

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|------------------------------------------|-----------------------------------------------|-----------------------------------------------------------|---------------------|
| DATE REC'D BY LOCAL REG. 11-27-51 | REGISTRAR'S SIGNATURE Heraldine Holmes | 25. FUNERAL DIRECTOR'S SIGNATURE E. Sterling Bills | ADDRESS 1212 |
|------------------------------------------|-----------------------------------------------|-----------------------------------------------------------|---------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

E. Steubing Bell

Signed.....
Student Embalmer

Licensed Embalmer No.....

3175

P. O. Address.....

212 1/2 ...

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.