S. No. 300
v. 10-48

FILED JAN 12 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 409

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 16

0117
2

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Joseph
c. LENGTH OF STAY (in this place): 5 mos 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Joseph 0117
d. STREET ADDRESS (If rural, give location): 1922 & 1917 4th Street

3. NAME OF DECEASED (Type or Print)
a. (First): Carrie
b. (Middle): May
c. (Last): Woodruff

4. DATE OF DEATH (Month) (Day) (Year): 1 4 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 13, 1890
9. AGE (In years last birthday): 62
IF UNDER 1 YEAR: Months 3 Days 21
IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? America

13a. FATHER'S NAME: George Kimmel
13b. MOTHER'S MAIDEN NAME: Mary Haffner
14. NAME OF HUSBAND OR WIFE: Jess Woodruff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Nil
17. INFORMANT'S SIGNATURE OR NAME: Mr Jess Woodruff
ADDRESS: 1922 & 1917 4th St

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis — 4 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis — 5 months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
334X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 16, 1952, *to* 1-4, 1953 *that I last saw the deceased alive on* 1-4, 1953, *and that death occurred at* 11 50 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: O. Cassius M.D. (Degree or Title)
23b. ADDRESS: State Hospital #2
23c. DATE SIGNED: 1-5-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/8/1953
24c. NAME OF CEMETERY OR CREMATORY: Agency Cemetery
24d. LOCATION (City, town, or county) (State): Agency Missouri

DATE REC'D BY LOCAL REG.: Jan 8, 1953
REGISTRAR'S SIGNATURE: Carl C. Cash
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Heaton-Bowman Funeral Home St Joseph Mo.

(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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed N. E. Edmonston

Licensed Embalmer No. 4291

P. O. Address 319 So. W. St. Joseph

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.