

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18362

FILED MAY 29 1953

State File No. _____
Registrar's No. 216

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>	
c. LENGTH OF STAY (monthplace) <u>8 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>300 E. Short St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>300 E. Short St</u>		e. STREET ADDRESS <u>300 E. Short St</u>	

3. NAME OF DECEASED (Type or Print) <u>MR. EDWARD</u>	a. (First)	b. (Middle) <u>ARTHUR</u>	c. (Last) <u>WOODRICH</u>	4. DATE OF DEATH <u>May 23, 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 16, 1882</u>	9. AGE (In years) <u>71</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Concordia, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William Woodrich</u>	13b. MOTHER'S MAIDEN NAME <u>Mathilda Frerking</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Etta Woodrich</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>494-30-3218</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs James Kennedy</u>	ADDRESS <u>Odessa, M</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>Do not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>20 min</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</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 Conditions contributing to the death but not related to the disease or condition causing death.			

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) <u>4201</u>
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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? _____
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22. I hereby certify that I attended the deceased from 5/20, 1953 to 5/23, 1953, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. B. Halton MD.</u>	(Degree or title)	23b. ADDRESS <u>3104 Main</u>	23c. DATE SIGNED <u>5/25/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 26, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Levasy Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Levasy Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5-25-53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Indep, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

5

3

00

AUG 20 1951

JUN 25 1953

APR 11 1954

APR 7 1959

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 Henry S. Mitchell

Licensed Embalmer No. 3925

P. O. Address Andover, Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 18362

State of Missouri
County of Lafayette ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No.

On this 10th day of July, 1953, before me appears Mrs James Kennedy, who, upon her oath, states that the original record of ~~birth~~ death for EDWARD ARTHUR WOODRICH died MAY 23, 1953, in the State of Missouri, and which was filed at INDEPENDENCE MO on 5-25, 1953, should be corrected as follows:

Item No. 3 should read EDWARD ARTHUR WOODRICH

Instead of EDWARD ARNOLD WOODRICH

Item No. 9 should read 71

Instead of 77

Item No. 14 should read MRS HENRIETTA WOODRICH

Instead of MRS. ETTA WOODRICH

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief

(SGAL) Mrs. James Kennedy DAUGHTER
Affiant. Relationship.

ODESSA, MISSOURI
Present Address.

Subscribed and sworn to before me this 10th day of JULY, 1953

My Commission expires 11-20-1953 Wm. G. McKeel Notary Public.

Sep- 18 362