

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. TURNER
State File No. **1014**

FILED FEB 1 1954
BIRTH NO. REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **107**

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. LENGTH OF STAY (in this place) 1 YEAR	c. CITY OR TOWN SPRINGFIELD	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		e. STREET ADDRESS (If rural, give location) U.S. MEDICAL CENTER		
3. NAME OF DECEASED (Type or Print) HOWARD	a. (First) HOWARD	b. (Middle) I.	c. (Last) WOODBIDGE	4. DATE OF DEATH (Month) (Day) (Year) JAN. 28, 1954
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 6 1904	9. AGE (In years last birthday) 49
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DENTIST	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) IOWA		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME DR. JAMES W. WOODBIDGE		13b. MOTHER'S MAIDEN NAME KATHRYN JENSVOLD		14. NAME OF HUSBAND OR WIFE GENEVIEVE WOODBIDGE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	16. SOCIAL SECURITY NO. W.W. # 2	17. INFORMANT'S SIGNATURE OR NAME ADDRESS GENEVIEVE WOODBIDGE SPRINGFIELD, MO.		
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE MYOCARDIAL INFARCTION			INTERVAL BETWEEN ONSET AND DEATH 3 HOURS
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) ATHEROSCLEROTIC HEART DISEASE			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	DUE TO (c)			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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) 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 1/8/54, 19__, to 1/28/54, 19__, that I last saw the deceased alive on 1/28/54, 19__, and that death occurred at 9:40p m., from the causes and on the date stated above.				
23. SIGNATURE (Degree or title) <i>Glenn T. ... M.D.</i>		23b. ADDRESS Springfield, Mo.		23c. DATE SIGNED 1/30/54
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 1/30/54	24c. NAME OF CEMETERY OR CREMATORY X	24d. LOCATION (City, town, or county) (State) MADERA, CALIFORNIA	
DATE REC'D BY LOCAL REG. 1-30-54	REGISTRAR'S SIGNATURE <i>Edith Williamson</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.H. LOHMEYER SPRINGFIELD, MO.		

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

1954
MAR 8
APR 1
1957

SEP 3
1954

MAR 10 1954

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.....
Signature of Student Embalmer

Signed *James T. Swadlow*

Licensed Embalmer No. 48

P. O. Address *Spring*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.