

FILED MAY 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11299

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 464

1. PLACE OF DEATH
a. COUNTY Buchanan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Buchanan

b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph

c. CITY OR TOWN St. Joseph

d. Is Residence within limits of a city or incorporated town? Yes No

c. LENGTH OF STAY (in this place) 51 years

e. STREET ADDRESS (If rural, give location) 3318 Mitchell Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) Elmer b. (Middle) D. c. (Last) Woodbury

4. DATE OF DEATH May 2, 1954

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH Nov. 18, 1862

9. AGE (in years last birthday) 91

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. cream buyer

10b. KIND OF BUSINESS OR INDUSTRY Creamery

11. BIRTHPLACE (City and State or Foreign Country) Dodgeville, Wisconsin

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME H. B. Woodbury

13b. MOTHER'S MAIDEN NAME Jane Dale

14. NAME OF HUSBAND OR WIFE Julia M.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS C. D. Woodbury, 3318 Mitchell, St. Joseph, Mo.

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

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis, general
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
6 days.
20 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 331 X

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)

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 4/25, 1954, to 5/7, 1954, that I last saw the deceased alive on 5/1, 1954, and that death occurred at 12:15a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]

23b. ADDRESS 420 N. 8th St. St. Joseph, Mo.

23c. DATE SIGNED 5/3/54

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 5/4/1954

24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery.

24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri

DATE REC'D BY LOCAL REG. May 6, 1954

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] St. Joseph, Mo.

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.....
Signature of Student Embalmer

Signed *Eugene Wood*.....

Licensed Embalmer No. *3804*.....

P. O. Address *319 So 1st St*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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