

FILED FEB 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1348**

BIRTH NO. **2651-55** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **155**

1. PLACE OF DEATH a. COUNTY Jackson Co		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson Co	
b. CITY (Outside corporate limits, write RURAL and give township) Jackson City, Mo		c. LENGTH OF STAY (in this place) 7 days	
d. FULL NAME OF (If not in hospital or institution, give street address and location) Children's Mercy Hospital		e. CITY OR TOWN Jackson City	
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Allen c. (Last) Woodbridge		4. DATE OF DEATH (Month) (Day) (Year) 1 10 1955	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 1-8-55
9. AGE (In years last birthday) 2		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	11. BIRTHPLACE (City and State or Foreign Country) Willow Hospital, 2929 Main, Mo
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Ellen Jane Woodbridge	14. NAME OF HUSBAND OR WIFE None
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. None	17. INFORMANT'S SIGNATURE OR NAME Hospital Records ADDRESS Hospital Records

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) IMMATURITY (wt. 106.8g)		INTERVAL BETWEEN ONSET AND DEATH
		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.		776X

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)	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**, 1955, to **1-10**, 1955, that I last saw the deceased alive on **1-10**, 1955, and that death occurred at **10:00** m., from the causes and on the date stated above.

23a. SIGNATURE Wayne Hart (Degree or title)		23b. ADDRESS Wayne Hart, Independent Ins. Co., K.C. Mo		23c. DATE SIGNED 1-10-55
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 1-11-55	24c. NAME OF CEMETERY OR CREMATORY Green Lawn	24d. LOCATION (City, town, or county) (State) Jackson City, Mo.	
DATE REC'D BY LOCAL REG. 1-11-55	REGISTRAR'S SIGNATURE Neve Minshall	25. FUNERAL DIRECTOR'S SIGNATURE Breeman Hartney K.C. Mo ADDRESS		

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 *Walter H. Erwin*

Licensed Embalmer No. *435*

P. O. Address *Kansas*

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.