

FILED FEB 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1349**
167

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City			c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 2534 Washington				STREET ADDRESS (If rural, give location) 4480 2534 Washington			
3. NAME OF DECEASED (Type or Print) a. (First) FRIEDA			b. (Middle) H.		c. (Last) WOOLSEY		4. DATE OF DEATH (Month) (Day) (Year) 1 11 55
5. SEX Fe		6. COLOR OR RACE Wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 3-29-1893	
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gen'l Office Work			10b. KIND OF BUSINESS OR INDUSTRY Federal Letter		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo. D		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Frederick W. Bimberg			13b. MOTHER'S MAIDEN NAME Elisa Martinasch			14. NAME OF HUSBAND OR WIFE Eugene A. Woolsey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 486-01-6033		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alma Bimberg, 2534 Washington, KC Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
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) acute cardiac failure					5 yrs
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) carcinoma of uterus					
		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					174 X
		19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 <u>Jan. 1, 1955</u> to <u>Jan 11, 1955</u> , that I last saw the deceased alive on <u>Jan 11, 1955</u> , and that death occurred at <u>12:25 P.</u> from the causes and on the date stated above.							
23a. SIGNATURE Leo Vogan (Degree or title)				23b. ADDRESS P.O. 4605 Independence		23c. DATE SIGNED 1-12-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-13-55		24c. NAME OF CEMETERY OR CREMATORY Forest Hill		24d. LOCATION (City, town, or county) (State) Kansas City Mo.	
DATE REC'D BY LOCAL REG. 1-12-55		REGISTRAR'S SIGNATURE Meva Marshall			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wagner Funeral Home, K.C. Mo.		

WRITE PLAINLY—USING UNFAADING 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 *A. R. Harnscheidt*

Licensed Embalmer No. *41*

P. O. Address *K. C. T.*

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.