

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12229**  
Registrar's No. **1760**

FILED MAY 16 1955

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>1760</b>			
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>40 YEARS</b>		c. CITY OR TOWN <b>KANSAS CITY</b>		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 <b>KRESTWOOD MEDICAL HOSPITAL</b>				STREET ADDRESS (If rural, give location) <b>6438 COLLEGE</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>ERNEST</b>			b. (Middle) <b>H</b>		c. (Last) <b>WOELFFING</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 18 1955</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED 2</b>		8. DATE OF BIRTH <b>AUGUST 10, 1907</b>		9. AGE (In years last birthday) <b>47</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MEAT CUTTER</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>FERGUSON MEAT CO</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>MEHERRIN, VIRGINIA</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>LOUIS WOELFFING</b>			13b. MOTHER'S MAIDEN NAME <b>LINA BOSSALLER</b>			14. NAME OF HUSBAND OR WIFE <b>EFFIE</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b> (If yes, give war or dates of service) <b>WORLD WAR II</b>			16. SOCIAL SECURITY NO. <b>495-0-4167</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>FRED WOELFFING 6509 ROE, JOHNSON CO.</b>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral anoxia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Acute alcoholism</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <b>3220</b>						INTERVAL BETWEEN ONSET AND DEATH <b>4 hours</b>	
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 <b>1-1</b> , 1955, to <b>4-18</b> , 1955, that I last saw the deceased alive on <b>4-18</b> , 1955, and that death occurred at <b>12:00 Noon</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Philip J. Baker</b> (Degree or title) <b>M.D.</b>			23b. ADDRESS <b>near 40 Hwy &amp; Blueidge N.E. Mo</b>			23c. DATE SIGNED <b>4-19-55</b>			
24a. BURIAL, REMOVAL, OR CREMATION (Specify)		24b. DATE <b>APRIL 20, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>FLORAL HILLS CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>			
DATE REC'D BY LOCAL REG. <b>4-20-55</b>		REGISTRAR'S SIGNATURE <b>Neva Marshall</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J.H. Newcomer Kansas City Mo</b>				

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 *Albert L. Savage*

Licensed Embalmer No. *481*

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.