

FILED AUG 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22735

State File No.

BIRTH NO. _____ REG. DIST. NO. 124 PRIMARY REG. DIST. NO. 3035 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lexington</u>		c. CITY OR TOWN <u>Lexington</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>4 days</u>		f. STREET ADDRESS (If rural, give location) <u>607 Franklin Ave.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Lexington Memorial Hospital</u>			

3. NAME OF DECEASED a. (First) <u>Russell</u> b. (Middle) <u>F.</u> c. (Last) <u>Woodruff</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 9, 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>October 16, 1875</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>23</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm owner, DUSTRY Retired</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lexington, Missouri.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Jermiah Woodruff</u>		13b. MOTHER'S MAIDEN NAME <u>Almena Hardman</u>		14. NAME OF HUSBAND OR WIFE <u>Katherine Dammann</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Armour Woodruff, Lexington, Mo.</u>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 da</u>
	ANTECEDENT CAUSES Morbidity 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. <u>331x</u>		

19a. DATE OF OPERATION		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)		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 7/6/55, 1955, to 7/9/, 1955, that I last saw the deceased alive on 7/9/, 1955, and that death occurred at 7:10A m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. W. Ward MD.</u> (Degree or title)		23b. ADDRESS <u>Lexington, Mo.</u>		23c. DATE SIGNED <u>7/28/55</u>	
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 13, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Machpelah</u>		24d. LOCATION (City, town, or county) (State) <u>Lexington, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>8-3-55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>[Address]</u>	
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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.....
Geo. McLean

Licensed Embalmer No. 298

P. O. Address *Lehigh, Pa.*

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.