

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

15668

FILED MAY 21 1956

State File No.

BIRTH NO. 29326-56 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 529

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) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph 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) 2 hrs.		e. STREET ADDRESS (If rural, give location) 2118 S. 6th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospt.			

3. NAME OF DECEASED (Type or Print) a. (First) Milton b. (Middle) Ossie c. (Last) Woolridge			4. DATE OF DEATH (Month) (Day) (Year) May 8, 1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	
8. DATE OF BIRTH May 8, 1956		9. AGE (In years last birthday) 2		IF UNDER 1 YEAR Months 0 Days 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Milton Woolridge		13b. MOTHER'S MAIDEN NAME Fayla Glidewell		14. NAME OF HUSBAND OR WIFE none	
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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 Milton Woolridge		ADDRESS 2118 S. 6th St	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION St. Joseph, Mo! I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Marginal Placenta Previa				INTERVAL BETWEEN ONSET AND DEATH Unk.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity				Unk.	
		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		19b. MAJOR FINDINGS OF OPERATION 7615				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 5/8, 1956, to 5/8, 1956, that I last saw the deceased alive on 5/8, 1956, and that death occurred at 3:15a m., from the causes and on the date stated above.

23a. SIGNATURE <i>Gene W. Slaney MD</i>		(Degree or title) MD		23b. ADDRESS Hotel Building St. Joseph, Missouri		23c. DATE SIGNED 5/9/56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 9, 1956		24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo	
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DATE REC'D BY LOCAL REG May 17, 1956		REGISTRAR'S SIGNATURE <i>Catherine M. Allison</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Clark</i>		ADDRESS Clark Funeral Home St. Joseph, Mo.	
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by ~~me~~, or by Student Embalmer No. ⁷⁰⁰.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Ernest Clark

Licensed Embalmer No. ⁴.....

P. O. Address *St. J.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.