

Health, Welfare
Public Service

FILED JUN 3 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 0 17 56 0
STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 5575 Registrar's No. 47

300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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, give TOWNSHIP only) OR TOWN RURAL - WASHINGTON		c. CITY OR TOWN KANSAS CITY 3508	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 11820 GRANDVIEW ROAD		d. STREET ADDRESS (If outside, give location) 3421 CHESTNUT AVE	
Length of stay in lb 5 HOURS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First VAN Middle AUSTIN Last WOODRUFF			4. DATE OF DEATH Month MAY Day 21 Year 1957
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC. 9 - 1895
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		9b. KIND OF BUSINESS OR INDUSTRY KRUGH REALTY CO	9c. AGE (In years last birthday) 71
10a. FATHER'S NAME JOHN WOODRUFF		10b. MOTHER'S MAIDEN NAME MAUDE SKINNER	10c. CITIZEN OF WHAT COUNTRY? U.S.A.
11. BIRTHPLACE (City and state or country) SPRING HILL KANSAS		12. NAME OF HUSBAND OR WIFE MRS. INDA WOODRUFF	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		14. SOCIAL SECURITY NO. 4200	
15. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cumulative Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) _____		16. INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____		17. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
18a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		18b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
19a. TIME OF INJURY Hour _____ a.m. _____ p.m.		19b. PLACE OF INJURY (e.g., in or about home, farm, factory, street; office bldg., etc.)	
20a. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20b. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 1:40 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Hugh H. Newcomer		22b. ADDRESS 1034 Walnut Bldg	
22c. DATE SIGNED 5-21-57		22d. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE MAY. 24. 1957	
23c. LOCATION (City, town, or county) KANSAS CITY		23d. STATE MISSOURI	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS		25. DATE RECD. BY LOCAL REG. 5/22/57	
ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.		26. REGISTRAR'S SIGNATURE Delvinge Goddard	

(Licensed Embalmer's Statement on Reverse Side)

MAY 28 1957

MAY 8 1957

FEB 18 1958

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 *Basil V. Honey*

Licensed Embalmer No. *4724*

P. O. Address *K.C., Mo.*

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.