

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018172

STATE FILE NUMBER

FILED JUN 10 1959 Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage Mo		c. CITY OR TOWN Carthage REEDS Mo	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McLine Hosp		d. STREET ADDRESS Mo	
3. NAME OF DECEASED (Type or print) Kenneth Leray Woodridge Jr		4. DATE OF DEATH 6-4-59	
5. SEX Male	6. COLOR OR RACE Wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6-4-59
9. AGE (In years last birthday) 8 yr old		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	11. BIRTHPLACE (City and state or country) Carthage Mo
12. CITIZEN OF WHAT COUNTRY? U SA		13. FATHER'S NAME Kenneth Woodridge	
14. MOTHER'S MAIDEN NAME Norma Woodridge		15. WAS DECEASED EVER IN U. S. ARMED FORCES? <input checked="" type="checkbox"/> (Yes, no, or unknown) (If yes, give year or dates of service)	
16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT Kenneth Woodridge Reeds Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple congenital deformities microcephalic - Anomalous eyes. DUE TO (b) Ane. nostrich, Irregularity genital DUE TO (c) blood dyscrasia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 7531			INTERVAL BETWEEN ONSET AND DEATH about 7 1/2 hrs
19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 4 June 59, to 4 June 59 and last saw him live on 4 June 59 Death occurred at 3:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) H E Bond		22b. ADDRESS Carthage Mo	
22c. DATE SIGNED June 59		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 6-5-59		23c. NAME OF CEMETERY OR CREMATORY Sarcasie Cem	
23d. LOCATION (City, town, or county) Sarcasie Mo		23e. STATE	
24. FUNERAL DIRECTOR Joehman & Sons Sarcasie Mo		25. DATE RECD. BY LOCAL REG. 6-5-59	
26. REGISTRAR'S SIGNATURE T H Clinton			

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. No symptoms will be listed. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

500  
307  
1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Wm R Jackson*.....

Licensed Embalmer No. *39*.....

P. O. Address *Sacramento*.....

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.