

FILED APR 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11684

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>456</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Buchanan</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Buchanan</u>	
c. LENGTH OF STAY (In this place) <u>36 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		<u>0117</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>909 Robidoux Street</u>				d. STREET ADDRESS (If rural, give location) <u>909 Robidoux Street</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>George</u>		b. (Middle) <u>Riley</u>		c. (Last) <u>Woodruff</u>	
4. DATE OF DEATH		April 21, 1951.					
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>April 12, 1869</u>	
9. AGE (In years last birthday)		IF UNDER 1 YEAR		IF UNDER 1 YEAR		IF UNDER 1 YEAR	
<u>82</u>		<u>Months</u>		<u>Days</u>		<u>Hours</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Grocery Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Grocery</u>		11. BIRTHPLACE (State or foreign country) <u>St. Johns, Michigan</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Riley J. Woodruff</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah S. (Unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>Frances R. Woodruff</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>497-14-4480</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Frances R. Woodruff St. Joseph, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart</u>		DUE TO (b) <u>Disease with Failure</u>				<u>?</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Arteriosclerotic Gangrene</u>				<u>5 da</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Arteriosclerosis General</u>				<u>?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>				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 <u>9-16</u> , 19 <u>50</u> , to <u>4-21</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4-21</u> , 19 <u>51</u> , and that death occurred at <u>11:00P</u> m., from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) <u>Wm B. Kamm M.D.</u>				23b. ADDRESS <u>510 Carby Bldg</u>		23c. DATE SIGNED <u>4-25-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 24, 1951.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Mora Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>April 28, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Walter Meierhoffer</u>		ADDRESS <u>St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Handwritten signature

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 ****

working under my personal supervision.

Student Embalmer No.*** **

Signed.....

Albert B. Harrington

Signed.....****
Student Embalmer

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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 this body is not embalmed, fact should be so stated above.