

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **26016**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **371** PRIMARY REG. DIST. NO. **6259** Registrar's No. **11**

1. PLACE OF DEATH a. COUNTY <b>Webster</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Webster</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural East Benton</b>		c. LENGTH OF STAY (In this place) <b>11 2 2</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural East Benton</b>		d. STREET ADDRESS (If rural, give location) <b>South of Fordland, Mo</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home South of Fordland, Mo</b>					

3. NAME OF DECEASED a. (First) <b>JAMES</b> b. (Middle) <b>ALEXANDER</b> c. (Last) <b>WOODRUFF</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 22 1951</b>		
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 10-1882</b>		9. AGE (If years last birthday) <b>68</b> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 1 HR.: Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>L</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>John Woodruff</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth</b>		14. NAME OF HUSBAND OR WIFE <b>Martha Woodruff</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>L</b>		16. SOCIAL SECURITY NO. <b>L</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Martha Woodruff Fordland Mo</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Raggs wounds on Right &amp; left</b>			INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>side of neck and left</b>			
	DUE TO (c) <b>Waist</b>			
	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 <b>E977X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Suicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Fordland R. Webster</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>June 22-1951 m.</b>	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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **11** a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>H. K. Kelley</b> (Degree or title) <b>Coroner</b>		23b. ADDRESS <b>Fordland Mo</b>		23c. DATE SIGNED <b>6-30-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 24 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Cardwell Chapel</b>	24d. LOCATION (City, town, or county) (State) <b>South of Fordland Mo</b>	
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DATE REC'D BY LOCAL REG. <b>July 6-51</b>	REGISTRAR'S SIGNATURE <b>Walter G. Good</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Kelley Jurell-Bergman</b>	ADDRESS <b>Fordland Mo</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

FILED JUL 16 1951

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DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED JUL 9 1951

Dist. File 23-1311

Date Filed 7-13-51

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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 embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed K. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Cardland 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 this body is not embalmed, fact should be so stated above.