

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5140**
452
Registrar's No.

FILED FEB 18 1954

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Johnson | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City) | c. LENGTH OF STAY (In this place) 17 days | c. CITY OR TOWN Merriam | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) RUTH | | b. (Middle) | c. (Last) WOOLSEY |
| 4. DATE OF DEATH (Month) 1 (Day) 27 (Year) 54 | | | |
| 5. SEX Fe | 6. COLOR OR RACE Wh | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 9-16-1892 |
| 9. AGE (In years last birthday) 61 | IF UNDER 1 YEAR Months | IF UNDER 4 HRS. Days | IF UNDER 15 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 11. BIRTHPLACE (City and State or Foreign Country) Braymer, Missouri |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 13a. FATHER'S NAME Eli Messenbaugh | | 13b. MOTHER'S MAIDEN NAME Anna E. Percival Miller | 14. NAME OF HUSBAND OR WIFE Edward L. Woolsey |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Edward L. Woolsey ADDRESS Merriam, Kansas | |
| 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) Pulmonary Embolus | | | 5 minutes |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | ANTECEDENT CAUSES | | |
| Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | DUE TO (b) Surgical Repair of Hiatus | | 6 days |
| | DUE TO (c) hernia & excision of gastric ulcer | | |
| II. OTHER SIGNIFICANT CONDITIONS | Conditions contributing to the death but not related to the disease or condition causing death. | | 5604 |
| 19a. DATE OF OPERATION 1/22/54 | 19b. MAJOR FINDINGS OF OPERATION Hiatus Hernia with gastric ulcer. | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (m.) | 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 1-6 , 19 54 , to 1-27 , 19 54 , that I last saw the deceased alive on 1-29 , 19 54 , and that death occurred at 5:00 P.m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Arnold V. Arms (Degree or title) MD | | 23b. ADDRESS 4635 Wyandotte Ave | 23c. DATE SIGNED Mo 1/28/54 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 1-28-54 | 24c. NAME OF CEMETERY OR CREMATORY Evergreen | 24d. LOCATION (City, town, or county) (State) Braymer, Mo. |
| DATE REC'D BY LOCAL REG. 1-28-54 | REGISTRAR'S SIGNATURE Seraldine Smith | 25. FUNERAL DIRECTOR'S SIGNATURE F. W. Wagner ADDRESS 11-C-mo | |

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 *Alvin R. Haunsch*.....

Licensed Embalmer No. *41*.....

P. O. Address *K.C.*.....

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.