

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. MADDOX 25882

State File No.

FILED SEP 6 1955

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 771

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE MISSOURI	
b. CITY (If outside corporate limits, write RURAL and give township) SPRINGFIELD		b. COUNTY GREENE	
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN SPRINGFIELD	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 1235 E. ELM	

3. NAME OF DECEASED (Type or Print) CHARLES	a. (First) A.	b. (Middle) WOOLDRIDGE	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) AUG. 30 1955
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 5 1877	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life) RETIRED MACHINIST	10b. KIND OF BUSINESS OR INDUSTRY FRISCO R.R.	11. BIRTHPLACE (City and State or Foreign Country) LYNCHBURG, VIRGINIA	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Chalman Wooldrige	13b. MOTHER'S MAIDEN NAME Margaret Barrett	14. NAME OF HUSBAND OR WIFE GERTRUDE WOOLDRIDGE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. ?	17. INFORMANT'S SIGNATURE OR NAME GERTRUDE WOOLDRIDGE	ADDRESS SPRINGFIELD, MO.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 4200		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 9-2, 1953, to 8-30, 1955, that I last saw the deceased alive on 8-30, 1956, and that death occurred at 7:20 AM, from the causes and on the date stated above.

23a. SIGNATURE Dr. P. Madox (Degree or Title) M.D.	23b. ADDRESS Springfield, Mo	23c. DATE SIGNED 8/30/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/1/55	24c. NAME OF CEMETERY OR CREMATORY Maple Park	24d. LOCATION (City, town, or county) (State) Springfield, Missouri
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DATE REC'D BY LOCAL REG. 9/1/55	REGISTRAR'S SIGNATURE Paul Williamson	25. GENERAL SIGNATURE OR ADDRESS Springfield, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *A. L. Mc Carr*

Licensed Embalmer No. *277*

P. O. Address *Springfield*

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.