

FILED NOV 7 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

DR. PARK 32901  
State File No. 970

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 970

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b>		c. LENGTH OF STAY (in this place) <b>8 MO.</b>	c. CITY OR TOWN <b>SPRINGFIELD</b>		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 <b>1330 E. ELM</b>			e. STREET ADDRESS (If rural, give location) <b>1330 E. ELM</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>A.</b> b. (Middle) <b>EMMETT</b> c. (Last) <b>WOOLDRIDGE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>OCT. 29 1955</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, MARRIED (Specify)	8. DATE OF BIRTH <b>JUNE 19 1899</b>	9. AGE (In years last birthday) <b>56</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>COURT REPORTER</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>PADUCAH, KENTUCKY</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>CHARLES A. WOOLDRIDGE</b>		13b. MOTHER'S MAIDEN NAME <b>GERTRUDE STEWART</b>		14. NAME OF HUSBAND OR WIFE <b>GLADYS ELAINE WOOLDRIDGE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>YES W.W. # 1</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. GLADYS E. WOOLDRIDGE SPFLD, 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>15 months</b>  <b>1 year</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction, acute</b>		
	ANTECEDENT CAUSES <b>due to atherosclerosis, coronary thrombosis</b>		
DUE TO (b) <b>4201</b>			
DUE TO (c) <b>Coronary Atherosclerosis</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>			

19a. DATE OF OPERATION <b>none</b>	19b. MAJOR FINDINGS OF OPERATION <b>none</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>	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) (Min.)	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 **8-9-1954**, to **10-29-1955**, that I last saw the deceased alive on **10-29-1955**, and that death occurred at **10 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>William D. Park, M.D.</b>	23b. ADDRESS <b>609 Cherry, Springfield Mo.</b>	23c. DATE SIGNED <b>10/30/55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>11/2/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MAPLE PARK</b>
24d. LOCATION (City, town, of county) (State) <b>SPRINGFIELD, MO.</b>		

DATE REC'D BY LOCAL REG. <b>11-1-55</b>	REGISTRAR'S SIGNATURE <b>Edith Williams</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Herbert H. Thompson, SPRINGFIELD, MO.</b>
--	--	--

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

NOV 15 1955

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..... *Lucien T. Bradley*

Licensed Embalmer No..... 48

P. O. Address..... *Spring*

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.