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

**THE DIVISION OF HEALTH OF MISSOURI**  
**STANDARD CERTIFICATE OF DEATH**

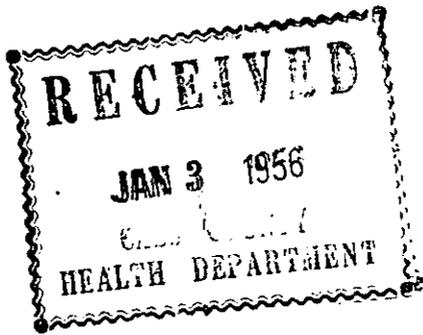
FILED JAN 5 - 1956

State File No. **39931**  
 Registrar's No. **178**

BIRTH NO. _____		REG. DIST. NO. <b>59</b>		PRIMARY REG. DIST. NO. <b>5-222</b>		Registrar's No. <b>178</b>	
1. PLACE OF DEATH a. COUNTY <b>Cass</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside town limits, give RURAL and give town) OR TOWN <b>Polan Twp. Jackson</b>		c. LENGTH OF STAY (in this place) <b>1 hr.</b>		c. CITY OR TOWN <b>K.C. MO</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Hiway # 2 killed</b>				e. STREET ADDRESS (If rural, give location) <b>5024 Jefferson 294 S</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>DAVID</b> b. (Middle) <b>CURTIS</b> c. (Last) <b>WOODBURY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12 25 55</b>				
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>		8. DATE OF BIRTH <b>9/14/33</b>	
9. AGE (In years last birthday) <b>22</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at school</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>K. C. MO</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Harold H Woodbury</b>		13b. MOTHER'S MAIDEN NAME <b>Ruth Walker</b>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>493-30-1416</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Harold H Woodbury</b> ADDRESS <b>K.C. 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>TRAUMATIC SHOCK</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>CHEST &amp; INTERNAL INJURIES</b> DUE TO (c) <b>AUTOMOBILE ACCIDENT</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>SUDDEN</b>  <b>SUDDEN</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>ACCIDENT</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Hiway</b>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>Polan Twp. Cass MO</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>12 25 55 10 P.M.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>AUTOMOBILE ACCIDENT</b>			
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 <b>10 P. M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Edward Jander, (Crown)</b>				23b. ADDRESS <b>Plains Hill, Mo.</b>		23c. DATE SIGNED <b>12/26/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removed</b>		24b. DATE <b>12/26/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Wt Washington Kansas City MO</b>		24d. LOCATION (City, town, or county) (State) <b>MO</b>	
DATE REC'D BY LOCAL REG. <b>Dec 26, 1955</b>		REGISTRAR'S SIGNATURE <b>Dora Barward</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Stines McClure Co</b> ADDRESS <b>K. C. MO.</b>			

(Licensed Embalmer's Statement on Reverse Side)

9561 21 1421  
JAN 12 1956



**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 *Elmer D. Fizzle*

Licensed Embalmer No. *4891*

P. O. Address *San Francisco, Calif.*

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.