

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

State File No. **19717**
Registrar's No. **680**

FILED JUL 2 1956

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	c. LENGTH OF STAY (in this place) 34 years	c. CITY OR TOWN St. Joseph	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 Missouri Methodist Hospital		e. STREET ADDRESS (If rural, give location) R. R. #4	

3. NAME OF DECEASED (Type or Print) FRED HERMAN WOODRUFF			4. DATE OF DEATH June 16, 1956		
a. (First) FRED	b. (Middle) HERMAN		c. (Last) WOODRUFF		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 26, 1881		9. AGE (in years last birthday) 74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Car repairman		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and State or Foreign Country) Page County, Iowa		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Nemiah Woodruff		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Flossie J. Woodruff	
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. 707-094-4832		17. INFORMANT'S SIGNATURE OR NAME Mrs. Flossie Woodruff, R. R. #4, St. Joseph,	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease- Mitral ans Aortic stenosis ANTECEDENT CAUSES Arteriosclerosis general <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 1 yr. plus unknown	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 6-14, 1956, 6116, 1956, that I last saw the deceased alive on 6-15-56, 19, and that death occurred at 6:30a. m., from the causes and on the date stated above.

23a. SIGNATURE <i>Hester C. Linn</i>		23b. ADDRESS 207 Ph. and Surg. Bldg. St. Joseph, Missouri		23c. DATE SIGNED 6-18-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 6/19/1956		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.			

DATE REC'D BY LOCAL REG. June 26, 1956		REGISTRAR'S SIGNATURE <i>Eather M. Allison</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Hester C. Linn</i>	
				ADDRESS <i>St. Joseph, Mo.</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
0.48

85

JUL 11 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: *James P. Hopkins*

Licensed Embalmer No. 453

P. O. Address 314 So. 10th St

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.