

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27327**

FILED AUG 16 1956

BIRTH NO. _____ REG. DIST. NO. **150** PRIMARY REG. DIST. NO. **5572** Registrar's No. **140**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Prairie		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lee's Summit	
c. LENGTH OF STAY (In this place) 1 yr.		d. STREET ADDRESS (If rural, give location) 318 South Douglas	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Ermina b. (Middle) ----- c. (Last) Woolsey	4. DATE OF DEATH (Month) (Day) (Year) August 8, 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 19, 1871	9. AGE (In years last birthday) 85	10. MONTHS 0	11. DAYS 0	12. HOURS 0	13. MIN. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Pennsylvania	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME A. D. Ladd	13b. MOTHER'S MAIDEN NAME Alive Jewett	14. NAME OF HUSBAND OR WIFE Deceased
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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. No.	17. INFORMANT'S SIGNATURE OR NAME Ethel Mark, Lee's Summit, MO.	ADDRESS Lee's Summit, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis		
	DUE TO (c) Heart exhaustion		
	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 checked="" 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 **11/2/1955** to **8/7/1956**, that I last saw the deceased alive on **8/7/1956**, and that death occurred at **1:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul W. Johnson, M.D.	23b. ADDRESS Johnson County, Mo.	23c. DATE SIGNED 8-8-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8-9-1956	24c. NAME OF CEMETERY OR CREMATORY Clinton Cem.	24d. LOCATION (City, town, or county) (State) Clinton, Iowa
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DATE REC'D BY LOCAL REG. 8-8-56	REGISTRAR'S SIGNATURE N. B. Langsford	25. FUNERAL DIRECTOR'S SIGNATURE Langsford Funeral Home, Lee's Summit	ADDRESS Lee's Summit
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

106 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
Student Embalmer

Signed *N. B. Longford*

Licensed Embalmer No. *4962*

P. O. Address *Leis Summit*

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 this body is not embalmed, fact should be so stated above.