

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28386

STATE FILE NUMBER

FILED AUG 30 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3798

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Liberty	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hosp.		d. STREET ADDRESS 14 W. Brown	

3. NAME OF DECEASED (Type or print) Leroy Waldridge			4. DATE OF DEATH August 9, 1957		
5. SEX Male			6. COLOR OR RACE White		
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH May 17, 1902		
9. AGE (In years last birthday) 55			10. KIND OF BUSINESS OR INDUSTRY Warehouse		
11. BIRTHPLACE (City and state or country) Willmore, Kentucky			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Henry Waldridge			14. MOTHER'S MAIDEN NAME Fannie Jacobs		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. Unknown		
17. INFORMANT Anna Waldridge			Address Liberty, Missouri		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Hemorrhagic pneumonitis involving both lungs. Etiology unknown.		INTERVAL BETWEEN ONSET AND DEATH 5 days
DUE TO (b) Tenemia due to infection		
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour 7 Month Aug Day 9 Year 1957 a. m. p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Liberty MO COUNTY MO STATE MO	

21. I attended the deceased from **Aug 9 1957** and last saw him alive on **Aug 9, 1957**
Death occurred at **7** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James H. Shilloughy MD (Deputy or title)		22b. ADDRESS Liberty MO		22c. DATE SIGNED 8-10-57	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE August 9, 1957	23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	23d. LOCATION (City, town, or county) (State) Liberty, Missouri		

24. FUNERAL DIRECTOR Church-Anchor Co. ADDRESS Liberty, Mo	25. DATE RECD. BY LOCAL REG. 8-13-57	26. REGISTRAR'S SIGNATURE Neva Marshall
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(Licensed Emballer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
James W. Willoughby
diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

MEDICAL CERTIFICATION



MAR 30 1957

MAR 30 1957

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 *Harold H. Smith*

Licensed Embalmer No. *45*

P. O. Address *Libert*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.