

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

000380
STATE FILE NUMBER

FILED JAN 26 1959 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 82

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, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Parkview at Sunnyslope 3325 S. 11th		d. STREET ADDRESS (If outside, give location) 513 S. 6th St.	
3. NAME OF DECEASED (Type or print) ROBERT WOODRUFF		4. DATE OF DEATH Month Day Year Jan. 19, 1959	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 21 1871
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) proprietor		10b. KIND OF BUSINESS OR INDUSTRY Millinery Shop	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 87 Months Days Hours Min.
11. BIRTHPLACE (City and state or country) St. Joseph, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles Woodruff		13b. MOTHER'S MAIDEN NAME Margaret unknown	
14. NAME OF HUSBAND OR WIFE Mrs. Edna Spear, 2816 Mulberry, St. Joseph, Mo.		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.		17. INFORMANT Mrs. Edna Spear, 2816 Mulberry, St. Joseph, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) generalized arteriosclerosis with arteriosclerotic heart disease and auricular fibrillation			INTERVAL BETWEEN ONSET AND DEATH years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hip fracture 11/24/58 42 COF			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input checked="" 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.) Pt. found at foot of stairs.		
20c. TIME OF INJURY Hour Month, Day, Year unknown 11/24/58	20e. CIRCUMSTANCES CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) circumstances not known		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home	20f. CITY, TOWN, OR LOCATION St. Joseph	COUNTY Buchanan
21. I attended the deceased from 11/24/58 to 1/19/59 and last saw him alive on 1/16/59 Death occurred at 10:35p. on the date stated above; and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 1/20/59	
22a. SIGNATURE Donald J. Stallard, M.D.		22b. ADDRESS 902 Edmund St.	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 1/22/1959	23c. NAME OF CEMETERY OR CREMATORY Mt. Mora Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
24. FUNERAL DIRECTOR Heaton-Bowman		25. DATE RECD. BY LOCAL REG. Jan. 22, 1959	26. REGISTRAR'S SIGNATURE Mr. Clark Goodell

300
1-57
Dr. Donald J. Stallard
Stems & 9 Covered by affidavit of funeral Director 3/26/59
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
All diseases in Part I must be causally related.

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 *Theron O Smith*

Licensed Embalmer No. *3928*

P. O. Address *St Joseph Mo*

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.