MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035066

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5011

FILED OCT 15 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

DOCUMENT

BY AFFIDAVIT OF William L. Doane

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in 1b: 6 wks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 11308 Clevland — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Jackson
c. CITY OR TOWN: Kan sas Clty — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 11308 Clevland — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Rosie — Middle Nell — Last Wooldridge

4. DATE OF DEATH: Month 10-2-62 — Day — Year

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 3-31-1889 93

9. AGE (last birthday): 79 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Arkansas

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Francis M. Jones

13b. MOTHER'S MAIDEN NAME: Unk.

14. NAME OF HUSBAND OR WIFE: Charles Thomas Wooldridge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None8

17. INFORMANT: Chas. Wooldridge — Address: 11308 Clevland

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: immediate

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): A.S.H.D. — 20 years.

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic Congestive Failure.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from August 1962, to present and last saw her/him alive on 9-27-62

Death occurred at 6:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): William L Doane MD

22b. ADDRESS: Grandview Mo.

22c. DATE SIGNED: 10-1-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 10-2-62

23c. NAME OF CEMETERY OR CREMATORY: Thayer Cemetery

23d. LOCATION (City, town, or county) (State): Thayer Missouri

24. FUNERAL DIRECTOR — ADDRESS: Sheil Funeral Home K. C. Missouri

25. DATE RECD. BY LOCAL REG.: 10-2-62

26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

Dr. Doane
50-1-7196
1102 130th

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 John P. Shea

Licensed Embalmer No. 5070

P. O. Address K. C. 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.