

FILED APR 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13834**
Registrar's No. **303**

Registration District No. _____

Primary Registration District No. **5725**

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

1. PLACE OF DEATH:

(a) County **MACON**
(b) City or town **RURAL HUDSON**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
STILL HILDRETH SAN. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **9 days**
years, months or days

3. (a) PRINT FULL NAME **CHESTER ARTHUR WOODS**

3. (b) If veteran, name war **NO**
3. (c) Social Security No. _____

4. Sex **Male 0** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Artise E. Woods** 6. (c) Age of husband or wife if alive **65** years
7. Birth date of deceased: **12 18 1880**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 2 25 hr. min.

9. Birthplace **Sigourney, Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER {
12. Name **Pascal Woods** **9**
13. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah Francis Leighter**
15. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Harley Woods**
(b) Address **Sigourney, Iowa**

17. (a) **Removal** (b) Date thereof **3/14/1948**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Removal Sigourney, Ia.**

18. (a) Signature of funeral director **Alvin Skumel**
(b) **Macon, Missouri**

19. (a) **4/5/48** (b) **Walter McNeely**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Iowa** (b) County **Keokuk** **999**
(c) City or town **Sigourney, Ia. Rural** **13**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) **0**
(e) Citizen of foreign country? _____ (Yes or No) **2**
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MARCH** day **13**
year **1948** hour **10** minute **10** P.M.

21. I hereby certify that I attended the deceased from **MARCH 5** 19**48** to **MARCH 13** 19**48**
that I last saw him alive on **MARCH 13** 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **CHRONIC MYOCARDITIS**
+ MYOCARDIAL DEGENERATION ?
Duration _____

Due to _____
Due to _____

Other conditions **ACUTE MANIA** **10 DAYS**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **AS**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury **20**

23. Signature **Andrew T. Still** **D.O.**
(M.D. or other) _____
Address **MACON** Date signed **3-14-48**

AUG 1 1953

RECEIVED
District Health Officer No. 10
District File Number 448689
Date Filed APR 14 1948

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.....

Thos. L. Ball....., Registered Apprentice No. *37*
working under my personal supervision.

Signed *Howard F. Myers*.....

Licensed Embalmer No. *4494*.....

P. O. Address *Macon - Ga*.....

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.