

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043346

STATE FILE NUMBER

FILED JAN 5 1958 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1398

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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hospital		Length of stay in lb 7 years	d. STREET ADDRESS (If outside, give location) 1809 Parkview		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Chester Middle Keller Last Wood			4. DATE OF DEATH Month December Day 27 Year 1958		
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 April 23, 1897	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Plumber		10b. KIND OF BUSINESS OR INDUSTRY Plumber	11. BIRTHPLACE (City and state or country) Clinton County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Welford B. Wood		13b. MOTHER'S MAIDEN NAME Ada B. Keller		14. NAME OF HUSBAND OR WIFE Eleanor M. Wood	
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. 493-18-6799	17. INFORMANT Address Mrs. Eleanor M. Wood 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) Hepatic Failure				INTERVAL BETWEEN ONSET AND DEATH 2 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) Cirrhosis (Laennec's)				unknown	
DUE TO (c) Diabetes Mellitus				19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) 5811			
20c. TIME OF INJURY Hour 3:30 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
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 Feb 28, 1956 to Dec 27, 1958 and last saw her alive on Dec 26, 1958 Death occurred at 3:30 AM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Sharon E. Waggoner M.D.</i> (Degree or title)			22b. ADDRESS 301 Illinois Ave St. Joseph, Missouri		22c. DATE SIGNED 12/30/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 30, 1958	23c. NAME OF CEMETERY OR CREMATORY Keller Cemetery		23d. LOCATION (City, town, or county) (State) Clinton County, Missouri.	
24. FUNERAL DIRECTOR <i>Meyerhoff & Fleeman</i>		ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. Dec. 31, 1958	26. REGISTRAR'S SIGNATURE <i>Wm. Clark Goodell</i>	

All diseases in Part I must be causally related.

D. Sharon E. Waggoner M.D. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Albert E. Harrington*

Licensed Embalmer No. 3258.....

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.