

FILED JUL 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4053 State File No. 19482

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 51-24		Registrar's No. 763		
1. PLACE OF DEATH a. COUNTY Buchana n				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Duchanana				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DeKalb		c. LENGTH OF STAY (in this place) 53 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DeKalb		1110		
d. FULL NAME OF HOSPITAL OR INSTITUTION DeKalb, Mo.				d. STREET ADDRESS (If rural, give location) 0				
3. NAME OF DECEASED (Type or Print) a. (First) Florence b. (Middle) Chesnut c. (Last) Mitchell			4. DATE OF DEATH (Month) (Day) (Year) June 25, 1950					
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 24, 1869	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 6	IF UNDER 1 YEAR Days 1	IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Platte Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME John W. Chesnut		13b. MOTHER'S MAIDEN NAME Nancy Woodard		14. NAME OF HUSBAND OR WIFE Robert M. Mitchell				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no none		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert H. Mitchell, DeKalb, Missouri				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Cardiovascular Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Arterio-sclerosis DUE TO (c) and General Debility 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility					INTERVAL BETWEEN ONSET AND DEATH 1 year 4221	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Viewed		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from on 6/25, 1950 to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:25A m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) H. F. Mundy M.D. (Coroner)				23b. ADDRESS St. Joseph Mo		23c. DATE SIGNED 6/25/50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/28/50		24c. NAME OF CEMETERY OR CREMATORY Davis Chapel Cemetery		24d. LOCATION (City, town, or county) (State) DeKalb Mo.		
DATE REC'D BY LOCAL REG. June 27, 1950		REGISTRAR'S SIGNATURE E. L. Jenkins 382		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hester-Brown Funeral Home St. Joseph Mo.				

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

DOMESTIC

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
Student Embalmer

Signed *William Spalding*

Licensed Embalmer No. *4535*

P. O. Address *319 S. 10th 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 this body is not embalmed, fact should be so stated above.