

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12894
Registrar's No. 127

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026

0485

0485

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Independence		c. CITY (If outside corporate limits, write RURAL and give township) Independence		d. STREET ADDRESS (If rural, give location) 11307 E. 13th St.	
c. LENGTH OF STAY (in this place) 1 day					
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium					

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Adrian	b. (Middle)	c. (Last) Chesnut	(Month) April	(Day) 5	(Year) 1951

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 14, 1877	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 12 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer	10b. KIND OF BUSINESS OR INDUSTRY self employed	11. BIRTHPLACE (State or foreign country) Linn, Kansas.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry Chesnut	13b. MOTHER'S MAIDEN NAME Unknown Spealman	14. NAME OF HUSBAND OR WIFE Lydia Chesnut
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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. none	17. INFORMANT'S SIGNATURE OR NAME Miss Sylvia Chesnut, Kansas City, Mo.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia		5 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage		9 days
DUE TO (c) Coronary Arteriosclerosis		? 1 year	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) X	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) X	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? X
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22. I hereby certify that I attended the deceased from 3/28 1951, to Apr. 5, 1951, that I last saw the deceased alive on, 19, and that death occurred at 8:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE Chas. T. Gravoie, M.D.	(Degree or title)	23b. ADDRESS Independence, Mo.	23c. DATE SIGNED 4/6/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 4-7-51	24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery	24d. LOCATION (City, town, or county) (State) Troy, Kansas
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DATE REC'D BY LOCAL REG. Apr. 6, 1951	REGISTRAR'S SIGNATURE Alvin A. [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE The Co. [Signature]	ADDRESS Independence, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 1 9 RECD

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 Harold E. Woodruff

Licensed Embalmer No. 4609

P. O. Address Independence, 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.