

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22002**

FILED AUG 7 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **27** PRIMARY REG. DIST. NO. **3005** Registrar's No. **60**

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>	
b. CITY OR TOWN <b>Butler</b>		c. CITY OR TOWN <b>Amoret, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Butler Memorial Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Thomas</b> b. (Middle) <b>Alexander</b> c. (Last) <b>McChesney</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 29 1951</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced 3</b>	8. DATE OF BIRTH <b>July 29, 1881</b>	9. AGE (In years last birthday) <b>70</b>	# UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Newport, Penn.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Andrew J. McChesney</b>		13b. MOTHER'S MAIDEN NAME <b>Olive A. Briscoe</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Ellis Butler, Mo.</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>BRONCHO PNEUMONIA</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7-3-51</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>BRONCHIAL ASTHMA</b>			<b>UNDET.</b>
	DUE TO (c) <b>CHRONIC MYOCARDITIS</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>UNDET.</b>		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>241X</b>		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) (m.)		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 **July 3, 1951**, to **July 29, 1951**, that I last saw the deceased alive on **July 29, 1951**, and that death occurred at **8:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>John M. Cooper</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Butler Mo/</b>		23c. DATE SIGNED <b>7-31-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>8-1-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Richland Cemetery</b>	
		24d. LOCATION (City, town, or county) (State) <b>Linn Co. Ks.</b>			

DATE REC'D BY LOCAL REG <b>Aug 1-1951</b>		REGISTRAR'S SIGNATURE <b>Randall Kordup</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>ARCHER MANGOLD AMSTERDAM, MO.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

**RECEIVED** 8-6-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 8-6-51 \_\_\_\_\_

**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 L. A. Mangold

Licensed Embalmer No. 3610

P. O. Address Amsterdam, 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.