

## STANDARD CERTIFICATE OF DEATH

State File No. **21326**

0742

JUL 7 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **3048** Registrar's No. **158**

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Nodaway</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Maryville</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Maryville - rural</b>	
c. LENGTH OF STAY (In this place) <b>10 days</b>		d. STREET ADDRESS (If rural, give location) <b>6 miles south</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>			
3. NAME OF DECEASED a. (First) <b>JAMES</b>		b. (Middle) <b>FRANCIS</b>	
c. (Last) <b>CHESNUT</b>		4. DATE OF DEATH (Month) <b>6</b> (Day) <b>30</b> (Year) <b>52</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>7/22/86</b>
9. AGE (In years last birthday) <b>65</b>		IF UNDER 1 YEAR Months <b>6</b> Days <b>30</b>	IF UNDER 24 HRS. Hours <b>52</b> Min.
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>Own account</b>	11. BIRTHPLACE (State or foreign country) <b>Blue Rapids, Kansas</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Samuel Chesnut</b>	
13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Mattie Curd Chesnut</b>	
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. J. F. Chesnut, Maryville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute myocarditis with cardiac decompensation</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Acute prostatitis</b>	
		DUE TO (c) <b>Bladder calculus Prostatic hypertrophy?</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
19a. DATE OF OPERATION <b>6/23/1952</b>		19b. MAJOR FINDINGS OF OPERATION <b>Bladder Calculus Prostatic Hypertrophy</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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>604X</b>			
22. I hereby certify that I attended the deceased from <b>May 26, 1952</b> , to <b>June 30, 1952</b> , that I last saw the deceased alive on <b>June 29, 1952</b> , and that death occurred at <b>4:20P</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>J. F. Chesnut</b>		23b. ADDRESS <b>Maryville, Missouri</b>	
23c. DATE SIGNED <b>7/2/52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7/3/52</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Miriam</b>		24d. LOCATION (City, town, or county) (State) <b>Maryville, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>7-5-52</b>		REGISTRAR'S SIGNATURE <b>Bess Holt</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Price Funeral Home, Maryville, Mo.</b>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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. 461

working under my personal supervision.

Student Curtis Hensley  
Student Embalmer

Signed Clara M. Price

Licensed Embalmer No. 1822

P. O. Address Marvill 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.