

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31429

State File No. ....

FILED OCT 5 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 5960 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>PLATTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>PLATTE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u> <u>Green</u>	c. LENGTH OF STAY (in this place) <u>50 YRS</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Green</u> OR TOWN <u>RURAL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RR</u>		d. STREET ADDRESS (If rural, give location) <u>PLATTE CITY MO</u>	

3. NAME OF DECEASED (Type or Print) <u>EARL</u>	b. (First)	c. (Last) <u>CHESNUT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 19, 1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 1, 1893</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>OXFORD COUNTY KANSAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>

13a. FATHER'S NAME <u>CHARLES CHESNUT</u>	13b. MOTHER'S MAIDEN NAME <u>SUSAN CLINE</u>	14. NAME OF HUSBAND OR WIFE <u>ANNA CHESNUT</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>500-07-7537</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Anna Chesnut</u> ADDRESS <u>Platte City MO</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from APRIL, 1954, to SEPT 19, 1954, that I last saw the deceased alive on SEPT 19, 1954, and that death occurred at 8:30 am, from the causes and on the date stated above.

23a. SIGNATURE <u>Voland M. Giffey, Coronar</u> (Degree or title?)	23b. ADDRESS <u>Platte City, Mo.</u>	23c. DATE SIGNED <u>9-20-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>SEPT 21, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Camden Point</u>	24d. LOCATION (City, town, or county) (State) <u>Camden Point PLATTE MO</u>
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DATE REC'D BY LOCAL REG. <u>Sept 21-54</u>	REGISTRAR'S SIGNATURE <u>Alpha Ballins</u> 257	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Deacon</u> ADDRESS <u>Deacon Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0820

0830



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 W. P. Vaughn

Licensed Embalmer No. 8023

P. O. Address Weston, 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.