

FILED FEB 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

3911

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>BOONE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>COLUMBIA</u>	c. LENGTH OF STAY (in this place) <u>25 DAYS</u>	c. CITY OR TOWN <u>SPRINGFIELD</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ELIUS FISCHEL ST. CA. HOSP.</u>		f. STREET ADDRESS (If rural, give location) <u>2041 NORTH HOWARD</u> - ADDRESS <u>0396</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MOLLIE</u> b. (Middle) <u>MARIE</u> c. (Last) <u>MCCHESNEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-22-1955</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>11-18-1890</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR: Months <u>3</u> Days <u>4</u> IF UNDER 2 HRS. Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John H Thompson</u>		13b. MOTHER'S MAIDEN NAME <u>Delilah Wilkinson</u>		14. NAME OF HUSBAND OR WIFE <u>EMMITTE MCCHESNEY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HOSPITAL RECORDS</u>	

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:
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal obstruction due to post-operative adhesions</u>		<u>6 days</u>
	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.		<u>Carcinoma of left breast.</u>	

19a. DATE OF OPERATION <u>2-17-54</u>	19b. MAJOR FINDINGS OF OPERATION <u>II(a) above</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>5705 H</u>
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 1-28, 1953, to 2-22, 1955, that I last saw the deceased alive on 2-22, 1953 and that death occurred at 11:55 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Richard E. Johnson, M.D.</u>		23b. ADDRESS <u>Columbia, Mo</u>		23c. DATE SIGNED <u>2-22-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2-22-1955</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD, MO</u>	
DATE REC'D BY LOCAL REG. <u>Feb 22 1955</u>	REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Parsons Funeral Service, Columbia Mo.</u>		

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. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *J. W. Phillips*.....  
Licensed Embalmer No. *48*.....  
P. O. Address *Columbi*.....

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.**