

FILED APR 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9034

BIRTH NO. 16379 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1256

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) OR TOWN KANSAS CITY	c. LENGTH OF STAY (In this place) 4 MONTHS	c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION DEAD ON ARRIVAL N.C. GENERAL HOSPITAL		e. STREET ADDRESS (If rural, give location) 3012 EAST 8 TH STREET	

3. NAME OF DECEASED (Type or Print)	a. (First) DONNA	b. (Middle) MARIE	c. (Last) CHESNUT	4. DATE OF DEATH (Month) (Day) (Year) MARCH-20-1956
-------------------------------------	------------------	-------------------	-------------------	---

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH NOV-5-1955	9. AGE (In years last birthday) IF UNDER 1 YEAR Month Days IF UNDER 1 HRS. Hours Min. 4 15
---------------	------------------------	--	-----------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	-----------------------------------	--	-------------------------------------

13a. FATHER'S NAME RALPH CHESNUT	13b. MOTHER'S MAIDEN NAME GERTRUDE MORTON	14. NAME OF HUSBAND OR WIFE
----------------------------------	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME RALPH CHESNUT	ADDRESS 3012 EAST 8 TH ST. KANSAS CITY, MO.
--	------------------------------	---	--

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) Interstitial pneumonitis.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		525X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
--	--	---

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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title)	23b. ADDRESS 1034 Piatt Blvd	23c. DATE SIGNED 3-21-56
--	------------------------------	--------------------------

24a. BURIAL CREMATION (Type of disposal) Burial	24b. DATE March 23	24c. NAME OF CEMETERY OR CREMATORY GREENLAWN CEMETERY	24d. LOCATION (City, town, or county) (State) RICH HILL MISSOURI
---	--------------------	---	--

DATE REC'D BY LOCAL REG. 3-22-56	REGISTRAR'S SIGNATURE neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE D.N. Newcomer	ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.
----------------------------------	-------------------------------------	--	---

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____
PLACE OF BIRTH _____
DATE OF BIRTH _____

FEDERAL RESERVE BANK NO. _____
STATE _____
CITY _____
COUNTY _____
ZIP _____

DEATH & BURIAL ADDRESS _____

A. DATE OF DEATH _____	B. DATE OF BIRTH _____
AGE _____	AGE _____

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 *Basil V. Honey*

Licensed Embalmer No. *472*

P. O. Address *K.C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.