THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 30 1957

STATE FILE NUMBER 28232

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3715

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN KansasCity — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION Gen'l Hosp. #1 — Length of stay in Hospital 60 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS 802 Paseo (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Sally Middle Ann Last Du Chesneau

4. DATE OF DEATH Month Aug. Day 7 Year 1957

5. SEX Female

6. COLOR OR RACE White

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

8. DATE OF BIRTH Nov. 14, 1867

9. AGE (In years last birthday) 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Pensylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME No Record

13b. MOTHER'S MAIDEN NAME No Record

14. NAME OF HUSBAND OR WIFE Mack Du Chesneau

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Bessie L. Clayton Address 1825 Hudson Blvd, Topeka Ks.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 491X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 15, 1957, to Aug. 7, 1957 and last saw her/him alive on Aug. 7, 1957
Death occurred at 1:15 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. I. Burns, M.D. (Degree or title)

22b. ADDRESS 24th & Cherry

22c. DATE SIGNED 8-7-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Aug. 8, 1957.

23c. NAME OF CEMETERY OR CREMATORY Green Lawn

23d. LOCATION (City, town, or county) (State) Kansas City Mo.

24. FUNERAL DIRECTOR Mrs. C. L. Forster Fun. Home Inc. K.C. Mo. ADDRESS

25. DATE RECD. BY LOCAL REG. 8-8-57

26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

B. I. Burns

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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 .....

Licensed Embalmer No. 7599

P. O. Address .....

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.