

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-025964  
STATE FILE NUMBER

FILED JUL 29 1958

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 352

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>KANSAS</b> b. COUNTY <b>Cherokee</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JOPLIN</b>		c. CITY OR TOWN <b>GALENA</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. John's Hosp</b>		d. STREET ADDRESS (If outside, give location) <b>1613 Joplin St.</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>ALICE RUTH CHESNUTT</b>		4. DATE OF DEATH Month Day Year <b>July 21 1958</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>12-4-1884</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Crestline, Kansas</b>
13a. FATHER'S NAME <b>NORMAN OWENS</b>		13b. MOTHER'S MAIDEN NAME <b>Phoebe Parsell</b>	14. NAME OF HUSBAND OR WIFE <b>Charles Chesnutt</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 <b>Marion Chesnutt</b> Address <b>Galena Kansas</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhages</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis</b>			<b>10 yrs</b>
DUE TO (c) <b>Senility</b>			<b>20 yrs</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>None</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <b>1954</b> to <b>21 July 58</b> and last saw her alive on <b>21 July 58</b> Death occurred at <b>3:25 pm</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Robert J. Powell M.D.</b>		22b. ADDRESS <b>Galena, Kansas</b>	22c. DATE SIGNED <b>21 July 58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Remove</b>	23b. DATE <b>7-24-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hill Crest Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Galena Kansas</b>
24. FUNERAL DIRECTOR <b>Roy L. Deedelt</b> ADDRESS <b>Galena, Katt</b>		25. DATE RECD. BY LOCAL REG. <b>7-22-1958</b>	26. REGISTRAR'S SIGNATURE <b>Dorice Merriam</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1950 11 032

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 *Roy L. Derfelt* .....

Licensed Embalmer No. *4945* .....

P. O. Address *Galena, Kansas* .....

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.