

FILED SEP 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29979

State File No.

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5582 Registrar's No. 150

1. PLACE OF DEATH
a. COUNTY **JASPER**
b. CITY OR TOWN Rural CARTHAGE Jackson
c. LENGTH OF STAY 1 YR
d. FULL NAME OF HOSPITAL OR INSTITUTION **FAIR ACRES**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **MISSOURI**
b. COUNTY **JASPER**
c. CITY OR TOWN **JOPLIN**
d. STREET ADDRESS **1431 WEST 9TH ST.**

3. NAME OF DECEASED
a. (First) **THOMAS**
b. (Middle) **JAMES**
c. (Last) **CHESNUTT**

4. DATE OF DEATH **SEPT. 11, 1955**

5. SEX **M**
6. COLOR OR RACE **W**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED**

8. DATE OF BIRTH **MAR. 29, 1882**

9. AGE (In years last birthday) **73**
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 24 HRS.: Hours _____ Mins. _____

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

10b. KIND OF BUSINESS OR INDUSTRY **FARMING**

11. BIRTHPLACE (State or foreign country) **GALENA, KS.**

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

13a. FATHER'S NAME **UNK**

13b. MOTHER'S MAIDEN NAME **UNK**

14. NAME OF HUSBAND OR WIFE **MRS VIOLA MILLER CHESNUTT**

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

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME **MRS R. O. SHADDAY** ADDRESS **2027 VIRGINIA AVE JOPLIN, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardiovascular disease
ANTECEDENT CAUSES _____
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS arteriolar nephrosclerosis & uremia

INTERVAL BETWEEN ONSET AND DEATH

44.3X

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 12-7, 1954, to 9-11, 1955, that I last saw the deceased alive on 9-11, 1955, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE Richard R. Cole, M.D. (Degree or title)

23b. ADDRESS Carthage Mo.

23c. DATE SIGNED 9-14-55

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL**

24b. DATE **9-13-55**

24c. NAME OF CEMETERY OR CREMATORY **OZARK MEMORIAL PARK**

24d. LOCATION (City, town, or county) (State) **JOPLIN, MISSOURI**

DATE REC'D BY LOCAL REG. **9-14-55**

REGISTRAR'S SIGNATURE Elly Clinton 139

25. FUNERAL DIRECTOR'S SIGNATURE **STEVE PARKER MORTUARY** ADDRESS **JOPLIN, MO.**

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

Jasper County Health Office
County File Number 55-9-655
Date Filed SEP 21 1955

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 _____

working under my personal supervision.

Student Embalmer No.

Signed F. M. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin 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.