

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 27 1956

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 194

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) most of life		e. STREET ADDRESS (If rural, give location) 3225 So. 11th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Parkview at Sunnyslope		01170	

3. NAME OF DECEASED (Type or Print) a. (First) ALICE b. (Middle) _____ c. (Last) CHESBRO			4. DATE OF DEATH (Month) (Day) (Year) Feb. 17, 1956		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH October 31, 1867	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and State or Foreign Country) Buchanan County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME William H. Voorhies		13b. MOTHER'S MAIDEN NAME Margaret Smith		14. NAME OF HUSBAND OR WIFE William C. Chesbro	
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 Mrs. Adolph Barnes Prerearranged Records & 1915 N. 4th St. St. Joseph, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis Heart ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerosis Hypertension DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH over 1 yr over 1 yr	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 4200	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 4/21, 1954, to 2/17, 1956, that I last saw the deceased alive on 1-28, 1956, and that death occurred at 10:00 pm., from the causes and on the date stated above.

23a. SIGNATURE Cynthia Smith M.D.		23b. ADDRESS 318 7th St. St. Joseph, Mo		23c. DATE SIGNED 2/17/56	
24a. BURIAL CREMATION, REMOVAL (Specify) burial		24b. DATE 2/20/1956		24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	
		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri			

DATE REC'D BY LOCAL REG. Feb 23, 1956		REGISTRAR'S SIGNATURE Bethen M. Allison		485	
		25. FUNERAL DIRECTOR'S SIGNATURE Heston - Bowman		ADDRESS St. Joseph, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

W. Carlton Juncos
21871.7

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 *Richard A. Collins*

Licensed Embalmer No. *4959*
319 So. 10th
P. O. Address *St. Joseph,*

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.