

FILED APR 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8894

State File No. 6293

BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3028		Registrar's No. 67			
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper					
b. CITY OR TOWN Rural-Sheridan		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN Rural Sheridan		d. STREET ADDRESS Jasper Mo. Rt. "1"			
d. FULL NAME OF HOSPITAL OR INSTITUTION Jasper Mo. Rt. 1									
3. NAME OF DECEASED (Type or Print) Byrdie Greene Cheek			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH March 25 1949			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 21, 1870			
9. AGE (In years last birthday) 78 0 0		IF UNDER 1 YEAR Months 4		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 Home		11. BIRTHPLACE (State or foreign country) Cedar Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME Wilson Wooldridge		13b. MOTHER'S MAIDEN NAME Jane Hamby		14. NAME OF HUSBAND OR WIFE Lewis G. Cheek					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lewis G. Cheek Jasper Mo. Rt. 1					
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				INTERVAL BETWEEN ONSET AND DEATH 24 hrs.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain hemorrhage				ANTECEDENT CAUSES					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) X					
				DUE TO (c) X				231X	
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.				- X	
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) Sheridan Jasper Mo.					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 Mar. 24, 1949, to Mar. 25, 1949, that I last saw the deceased alive on Mar. 25, 1949, and that death occurred at 4 A. m., from the causes and on the date stated above.									
23a. SIGNATURE DR. Guldner M.D. (Degree or title)				23b. ADDRESS L A M A R		23c. DATE SIGNED Mar. 28, '49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 27, '49		24c. NAME OF CEMETERY OR CREMATORY Roath Chapel Cemetery near Aldrich Mo.		24d. LOCATION (City, town, or county) (State) _____			
DATE REC'D BY LOCAL REG. Apr. 4, 1949		REGISTRAR'S SIGNATURE L. B. Clinton 139		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gene A. Brim Walnut Grove Mo.					

Per A. Ferguson, Embalmer's Statement on Reverse Side)

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

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.

Signed Warren D. Noble

Signed.....
Student Embalmer

Licensed Embalmer No. 4005

P. O. Address Ash Grove

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.