

FILED DEC 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38070

State File No. ....

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

BIRTH NO. _____		REG. DIST. NO. <u>239</u>		PRIMARY REG. DIST. NO. <u>5825</u>		Registrar's No. <u>46</u>	
1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Catron (Como twp)</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Catron (Como twp)</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 9 1949</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lulu</u>		b. (Middle) _____		c. (Last) <u>Cheeks</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 15 1899</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>24</u>	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Sauters, Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Sam Willison</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Son Cheeks</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Son Cheeks, Catron, Missouri.</u>			
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) <u>angina pectoris</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>  <u>7202</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		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 <u>Nov 9</u> 19 <u>49</u> , to <u>Nov. 9</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Nov 9</u> , 19 <u>49</u> , and that death occurred at <u>6 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. E. Jones M.D.</u> (Degree or title)				23b. ADDRESS <u>Lilbourn Mo</u>		23c. DATE SIGNED <u>Nov 15 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 13 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Simmons Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Catron, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11-19-49</u>		REGISTRAR'S SIGNATURE <u>Dr. E. E. Jones M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ponder Funeral Home, Lilbourn, Mo.</u>			

MAR 9 1955

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District Health Office N  
District File Number 1149  
Date Filed

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 *Homer L. Ponder*

Signed .....  
Student Embalmer

Licensed Embalmer No. *3367*

P. O. Address *Lilbourn, 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.