

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41039**
Registrar's No. **5370**

FILED JAN 7 1950

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 10 yrs		d. STREET ADDRESS (If rural, give location) 1828 E. 9th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1828 E. 9th St.		d. STREET ADDRESS (If rural, give location) 1828 E. 9th St.	
3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) CHEATEM c. (Last) CHEATEM			4. DATE OF DEATH (Month) (Day) (Year) Dec. 10, 1949
5. SEX Fe	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 10-8-1881
9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (State or foreign country) Newton, Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Lewis Baxter		13b. MOTHER'S MAIDEN NAME Emma Cross	
14. NAME OF HUSBAND OR WIFE _____			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Florine Rolling	ADDRESS K.C. Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocarditis		DUE TO (b) As bestial.		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) renal. renal.		
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 renal. renal. renal.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO.	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City 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? renal. renal.

22. I hereby certify that I attended the deceased from **11-22-49** to **12-10-1949** that I last saw the deceased alive on **12-10-49**, and that death occurred at **9:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Henry B. Lyons (Degree or title) M.D.	23b. ADDRESS 1605 E. 18th St.	23c. DATE SIGNED 12-15-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Dec 19 49	24c. NAME OF CEMETERY OR CREMATORY Westlawn Cem.
24d. LOCATION (City, town, or county) (State) Kansas City Mo.	25. FUNERAL DIRECTOR'S SIGNATURE Mattman W. Mattman ADDRESS I.C.C.	
DATE REC'D BY LOCAL REG. 12-19-49	REGISTRAR'S SIGNATURE Sheraldine Holmes	

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.

Student
Student Embalmer

Signed.....

Clifford J Woods

..... Licensed Embalmer No. *3106*

P. O. Address *1520 N. 6th*

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.