

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21036

FILED JUL 10 1950

State File No. \_\_\_\_\_  
Registrar's No. 72

BIRTH NO. _____		REG. DIST. NO. <u>245</u>		PRIMARY REG. DIST. NO. <u>3047</u>	
1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>			2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>		
b. CITY OR TOWN <u>NEOSKO</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>NEOSKO</u>		d. STREET ADDRESS (If rural, give location) <u>1013 No. COLLEGE ST.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1013 No. COLLEGE ST.</u>			d. STREET ADDRESS (If rural, give location) <u>1013 No. COLLEGE ST.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>LEON</u> c. (Last) <u>CHEEVER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 21, 1950</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>JAN. 15, 1887</u>	9. AGE (In years last birthday) <u>63</u>	10. IF UNDER 1 YEAR Days <u>5</u> Hours <u>6</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WATCHMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MINA RAILWAY</u>		11. BIRTHPLACE (State or foreign country) <u>MONROE MICHIGAN</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>GEORGE CHEEVER</u>		13b. MOTHER'S MAIDEN NAME <u>ROSIA BUTLER</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. EM. JANE'S</u>	ADDRESS <u>ORANGE, CALIF.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH  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. <u>4.2.1</u>		
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)		
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 <u>June 19, 1950</u> , to <u>June 21, 1950</u> , that I last saw the deceased alive on <u>June 19, 1950</u> , and that death occurred at <u>4:30 a. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>A. Reynolds</u> (Degree or title)			23b. ADDRESS <u>Neosho Mo</u>		23c. DATE SIGNED <u>6-26-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6-24-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GIBSON</u>	24d. LOCATION (City, town, or county) (State) <u>NEOSKO NEWTON MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>June 26, 1950</u>	REGISTRAR'S SIGNATURE <u>William C. Barman</u> <u>223</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Thompson</u> ADDRESS <u>Neosho Mo.</u>		

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

5737

**RECEIVED**

District Health Officer No. NEWTON COUNTY HEALTH DEPT.

District File Number 750-153

Date Filed JUL 6 1950

**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 R Kenneth Patterson

Licensed Embalmer No. 4697

P. O. Address Neosho, 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.