S. No. 300
v. 10.48

FILED JUN 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20685

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 42

582
1

1. PLACE OF DEATH
a. COUNTY Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brookfield
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 100 E. Adam

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Linn
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brookfield 0582
d. STREET ADDRESS (If rural, give location) 100 Adam St 0

3. NAME OF DECEASED (Type or Print) a. (First) JENNIE b. (Middle) — c. (Last) CHEEK

4. DATE OF DEATH (Month) 6 (Day) 1 (Year) 1951

5. SEX F 1
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH Feb-15-1875
9. AGE (In years last birthday) 76 | IF UNDER 1 YEAR Months Days | 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
11. BIRTHPLACE (State or foreign country) Linn Co Mo 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas Tooey
13b. MOTHER'S MAIDEN NAME Jennie Carpenter
14. NAME OF HUSBAND OR WIFE Silas Cheek

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT'S SIGNATURE OR NAME Silas Cheek Brookfield ADDRESS 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Interstitial nephritis — INTERVAL BETWEEN ONSET AND DEATH 5 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterial Hypertension — 5 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 4 [illegible] X

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION — 593 X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Feb, 1946, *to* June 1, 1951, *that I last saw the deceased alive on* 5-31, 1951, *and that death occurred at* 3 A m., *from the causes and on the date stated above.*

23a. SIGNATURE H. H. Potter (Degree or title) Rev.
23b. ADDRESS Brookfield Mo.
23c. DATE SIGNED 6-1-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June-4-51
24c. NAME OF CEMETERY OR CREMATORY Rose Hill
24d. LOCATION (City, town, or county) (State) Brookfield Mo

DATE REC'D BY LOCAL REG. 6-4-51
REGISTRAR'S SIGNATURE W B Erwin
167
25. FUNERAL DIRECTOR'S SIGNATURE J. W. Blacklock ADDRESS Brookfield Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: JUN 1 1 1951
DISTRICT HEALTH OFFICE #2
District File Number 6-51-1067
Date Filed: JUN 1 4 1951

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed J. L. Blackstock

Signed.....
Student Embalmer

Licensed Embalmer No. 2246

P. O. Address Brookfield 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.