

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **22024**

BIRTH NO. _____		REG. DIST. NO. <u>321</u>		PRIMARY REG. DIST. NO. <u>5109</u>		Registrar's No. <u>57</u>	
1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cracked Creek</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cracked Creek</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>four miles north of Marble Hill, Mo</u>			
3. NAME OF DECEASED (Type or Print) <u>John</u>		a. (First) <u>John</u>		b. (Middle) <u>Spurel</u>		c. (Last) <u>Cheek</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>April 20/1951</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>April 10/1868</u>		9. AGE (In years last birthday) <u>83</u>		10. IF UNDER 1 YEAR Months <u>11</u>		11. IF UNDER 2 HRS. Days <u>11</u> Hours <u>11</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>don't know</u>		13b. MOTHER'S MAIDEN NAME <u>don't know</u>		14. NAME OF HUSBAND OR WIFE <u>Rashiel Rhodes</u>			
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>Charles Cheek, Bollinger, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocarditis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause: (a) stating the underlying cause last. <u>Due to (b) Sclerosis</u> DUE TO: (c) <u>arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4222		20. AUTOPSY? <u>YES</u> ☐ <u>NO</u> ☐	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April 19, 1951</u> , to <u>April 20, 1951</u> , that I last saw the deceased alive on <u>April 19, 1951</u> , and that death occurred at <u>m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Charles Cheek</u> (Degree or title)		23b. ADDRESS <u>Bollinger, Mo.</u>		23c. DATE SIGNED <u>4/30/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/22/1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Plainview Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Bollinger, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 24 51</u>		REGISTRAR'S SIGNATURE <u>Willie Vandenberg</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alvin E. Hinder</u>		ADDRESS <u>Suberville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JUL 25 1951

DISTRICT HEALTH OFFICE No. 0

File No.

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

Licensed Embalmer No.

P. O. Address

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.