S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16955

FILED MAY 25 1953

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 77

1. PLACE OF DEATH
a. COUNTY Audrain 0043
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mexico
c. LENGTH OF STAY (in this place) 27 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1004 Railroad St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Audrain
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mexico 0043
d. STREET ADDRESS (If rural, give location) 1004 Railroad St.

3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) c. (Last) CHEATHAM

4. DATE OF DEATH (Month) (Day) (Year) May 17th 1953

5. SEX Male 2
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2
8. DATE OF BIRTH Mar. 3rd 1900
9. AGE (In years last birthday) 53 | 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) Taxi driver
10b. KIND OF BUSINESS OR INDUSTRY Taxi service
11. BIRTHPLACE (City and State or Foreign Country) Calloway Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joe Cheatham
13b. MOTHER'S MAIDEN NAME Mary Lewis
14. NAME OF ~~HUSBAND OR WIFE~~ Bernice Cheatham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 491-05-5022
17. INFORMANT'S SIGNATURE OR NAME Anna Breckenridge, Mexico Mo. ADDRESS

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) acute Heart failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac Infarction
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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
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* 5-16-53, 19__, *to* 5-17-, 19 53, *that I last saw the deceased alive on* 5-17-, 19 53, *and that death occurred at* 1 40 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) H. J. Ector M.D.
23b. ADDRESS Mexico, Mo
23c. DATE SIGNED 5-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5-21-1953
24c. NAME OF CEMETERY OR CREMATORY Elmwood
24d. LOCATION (City, town, or county) (State) Mexico Missouri

DATE REC'D BY LOCAL REG. May 21-1953
REGISTRAR'S SIGNATURE Blanche Neely
25. FUNERAL DIRECTOR'S SIGNATURE Stuart P. Parker ADDRESS Columbia Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 23 1963

JUN 2 1963

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 Stuart R Parker

Licensed Embalmer No. 2900

P. O. Address Columbia 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.