

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41849**

FILED NOV 25 1953

BIRTH NO. _____ REG. DIST. NO. **347** PRIMARY REG. DIST. NO. **4508** Registrar's No. **44**

1. PLACE OF DEATH a. COUNTY Stone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Arkansas b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Galena		c. LENGTH OF STAY (In this place) 6 Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Galena, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Piney	
		d. STREET ADDRESS (If rural, give location) 5 Miles S. W. of Berryville	

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) EDWARD c. (Last) CHEESMAN			4. DATE OF DEATH (Month) (Day) (Year) Oct 27 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 5 Nov 1883		9. AGE (In years last birthday) 69		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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Kansas	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Effie Cheesman	
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. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fern Stephens- Galena, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolus.			4 hrs.	
		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. Cardiovascular renal disease.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none			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) 332 X		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 **Sept 30, 1953**, to **Oct 27, 1953**, that I last saw the deceased alive on **Oct 20, 1953**, and that death occurred at **5:25 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Fred R. Nemmach, M.D.			23b. ADDRESS Crane Mo.		23c. DATE SIGNED 10-28-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-30-53		24c. NAME OF CEMETERY OR CREMATORY Galena Cemetery		24d. LOCATION (City, town, or county) (State) Galena, Missouri	

DATE REC'D BY LOCAL REG. Nov. 20-1953		REGISTRAR'S SIGNATURE Edgar H. Bridges		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Nelson Funeral Home- Berryville	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

me

Student Embalmer No.

working under my personal supervision:

Student
Student Embalmer

Signed *Charles M. Nelson*

Licensed Embalmer No. *815 - sub.*

P. O. Address *Beiryville, Ark.*

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.