

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **11552**

FILED MAY 2 1955

BIRTH NO. _____		REG. DIST. NO. <b>128</b>		PRIMARY REG. DIST. NO. <b>2000</b>		Registrar's No. <b>371</b>		
1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. LENGTH OF STAY (In this place) <b>30 yrs</b>		c. CITY OR TOWN <b>Springfield</b>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2353 East Grand</b>				e. STREET ADDRESS (If rural, give location) <b>2353 East Grand</b> <b>03960</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b>			b. (Middle) <b>VIRGIL</b>		c. (Last) <b>CHEEK</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 22 1955</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>August 26, 1895</b>		9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months Days	IF OVER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Department Head</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>State College</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Dallas County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>W. C. Cheek</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Fadra (Hall) Cheek</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Fadra Cheek, Springfield, Mo.</b>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMA OF COLON METASTATIC TO LIVER, CHEST WALL, LUNGS AND BRAIN</b> ANTECEDENT CAUSES <b>MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.</b> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 yrs.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>153 X</b>					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 <b>Nov 5, 1954</b> , to <b>4/22/55</b> , 19___, that I last saw the deceased alive on <b>4/21/55</b> , 19___, and that death occurred at <b>3:30P</b> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>Dean T. ... M.D.</b>				23b. ADDRESS <b>Springfield Mo.</b>		23c. DATE SIGNED <b>4/23/55</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>April 24, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hazelwood Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>4-25-55</b>		REGISTRAR'S SIGNATURE <b>Edith Williamson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Alma Schmeizer, Springfield, Mo.</b> ADDRESS <b>B.W.</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 21 1956

MAY 13 1956

MAY 6 1956  
MAY 29 1956

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. 51 working under my personal supervision..

Student Murray Wilson  
Signature of Student Embalmer

Signed Bernard F. Wright

Licensed Embalmer No. 429

P. O. Address Spring

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.