

FILED NOV 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36382

State File No.

36382

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 6290 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dallas</u>	
b. CITY OR TOWN <u>Rural S. Benton</u>		c. CITY OR TOWN _____	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) _____		e. STREET ADDRESS (If rural, give location) <u>Buffalo, Mo.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Buffalo, Mo.</u>			
3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>Allen</u> c. (Last) <u>Cheek</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 2 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Nov 28, 1888</u>
9. AGE (in years last birthday) <u>67</u>		10. AGE (in years) IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plaster</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Dallas County Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. FATHER'S NAME <u>E. W. Cheek</u>	
13b. MOTHER'S MAIDEN NAME <u>Margaret Barclay</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>YES W.W.T</u>		16. SOCIAL SECURITY NO. <u>500-054688</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Earn Cheek</u>		ADDRESS <u>Buffalo, Mo</u>	
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) <u>Natural Causes</u>		INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES DUE TO (b) <u>Dead 4 or 5 days</u>		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
DUE TO (c) <u>Coronary Occlusion</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>No injury</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4208</u>	
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) _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>Buffalo Mo</u>	
23c. DATE SIGNED <u>11-9-55</u>		24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>11-8-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Macedonia</u>	
24d. LOCATION (City, town, or county) (State) <u>Dallas County, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	
25. ADDRESS <u>Buffalo, Mo</u>		DATE REC'D BY LOCAL REG. <u>11/12/55</u>	
REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. ADDRESS <u>Buffalo, Mo</u>	

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

1915 8 27

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.....
Signature of Student Embalmer

Signed *W. de Montgomery*

Licensed Embalmer No. *359*

P. O. Address *Buffalo,*

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.