

FILED FEB 24 1956

STANDARD CERTIFICATE OF DEATH

State File No. **5587**

BIRTH NO. _____		REG. DIST. NO. 200		PRIMARY REG. DIST. NO. 3041		Registrar's No. 54	
1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Macon		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Macon		d. Is 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: 835 Compton Ave.				e. STREET ADDRESS (If rural, give location) 835 Compton Ave.			
3. NAME OF DECEASED (Type or Print)		a. (First) James		b. (Middle) William		c. (Last) Cheever	
4. DATE OF DEATH		Jan. 27, 1956		5. SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		married		8. DATE OF BIRTH 10/12/1877		9. AGE (In years last birthday) 78 if UNDER 1 YEAR Months 3 Days 15 if UNDER 2 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY farming		11. BIRTHPLACE (City and State or Foreign Country) Macon County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Ralph Cheever, Sr.		13b. MOTHER'S MAIDEN NAME Elixbeth Clingman		14. NAME OF HUSBAND OR WIFE Bernice Winkler Cheever			
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 Edger L. Cheever, Macon, M.			
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery occlusion				INTERVAL BETWEEN ONSET AND DEATH Immediate	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Artery sclerosis 14 yrs. 7 Hypertension DUE TO (c) Angina Pectoris 3 mos					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 2-19-1955 to 1-27-1956 , that I last saw the deceased alive on 1-10-1956 , and that death occurred at 7:30 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Chibrey L. Dunder				23b. ADDRESS Macon		23c. DATE SIGNED 2-1-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/31/1956		24c. NAME OF CEMETERY OR CREMATORY Betheliam		24d. LOCATION (City, town, or county) (State) Macon, Missouri	
DATE REC'D BY LOCAL REG. 2/6/56		REGISTRAR'S SIGNATURE Edger L. Cheever		25. FUNERAL DIRECTOR'S SIGNATURE R. L. ...		ADDRESS Macon, Mo.	

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

RECEIVED 2.20.56
MACON COUNTY HEALTH DEPARTMENT
County File No. 256-17.....
Date Filed 2-21-56.....

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 *R. Lester Brown*

Licensed Embalmer No. 44

P. O. Address *Macon, Ga.*

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.