

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039510  
STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 128 Primary Registration District No. 200 Registrar's No. 1146

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Greene</b>                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                  |                                                                                                                                                             | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b><br>b. COUNTY <b>Greene</b> |                                                                      |                                                                                       |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Springfield</b>                                                                                                                                                                                                                                                                                                                                                                                              |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                        | c. CITY<br>OR<br>TOWN <b>Springfield</b>                                                                                                |                                                                      | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <b>Burge Hospital</b>                                                                                                                                                                                                                                                                                                                                                                                 |                                  | Length of stay in lb<br><b>5 yrs.</b>                                                                                                                       | d. STREET<br>ADDRESS <b>1864 E. High</b>                                                                                                |                                                                      | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>CLIFFORD</b> Middle <b>VERNON</b> Last <b>CHEEK</b>                                                                                                                                                                                                                                                                                                                                                                                  |                                  |                                                                                                                                                             | 4. DATE<br>OF<br>DEATH<br>Month <b>Nov.</b> Day <b>28,</b> Year <b>1958</b>                                                             |                                                                      |                                                                                       |
| 5. SEX<br><b>Male</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>March 22, 1914</b>                                                                                               | 9. AGE (In years<br>last birthday) <b>44</b>                         | IF UNDER 1 YEAR<br>Months Days<br>IF UNDER 24 HRS.<br>Hours Min.                      |
| 10a. USUAL OCCUPATION (Give kind of work done<br>during most of working life, even if retired)<br><b>Office Manager</b>                                                                                                                                                                                                                                                                                                                                                                 |                                  | 10b. KIND OF BUSINESS OR<br>INDUSTRY<br><b>Oil Co.</b>                                                                                                      | 11. BIRTHPLACE (City and state or country)<br><b>Dallas County, Mo.</b>                                                                 |                                                                      | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>                                         |
| 13a. FATHER'S NAME<br><b>John H. Cheek</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Frances Terrill</b>                                                                                                         |                                                                                                                                         | 14. NAME OF HUSBAND OR WIFE<br><b>H. S. Eula Cheek</b>               |                                                                                       |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>                                                                                                                                                                                                                                                                                                                                                               |                                  | 16. SOCIAL SECURITY NO.<br><b>UNKNOWN</b>                                                                                                                   |                                                                                                                                         | 17. INFORMANT<br>Address<br><b>Mrs. Eula Cheek, Springfield, Mo.</b> |                                                                                       |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>acute myocardial infarction</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Coronary artery occlusion</b><br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>4201</b> |                                  |                                                                                                                                                             |                                                                                                                                         |                                                                      | INTERVAL BETWEEN<br>ONSET AND DEATH<br><b>6 hours</b>                                 |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                               |                                  |                                                                                                                                                             | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><b>4201</b>                             |                                                                      |                                                                                       |
| 20c. TIME OF INJURY<br>Hour _____ Month, Day, Year _____<br>a.m. _____ p.m. _____                                                                                                                                                                                                                                                                                                                                                                                                       |                                  |                                                                                                                                                             |                                                                                                                                         |                                                                      |                                                                                       |
| 20d. INJURY OCCURRED<br>WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/><br>WORK AT WORK                                                                                                                                                                                                                                                                                                                                                                            |                                  | 20e. PLACE OF INJURY (e.g., in or about home,<br>farm, factory, street, office bldg., etc.)                                                                 |                                                                                                                                         | 20f. CITY, TOWN, OR LOCATION<br>COUNTY STATE                         |                                                                                       |
| 21. I attended the deceased from <b>11-27-58</b> to <b>Nov. 28, 1958</b> and last saw him alive on <b>11-27-58</b><br>Death occurred at <b>1:00</b> A. m on the date stated above; and to the best of my knowledge, from the causes stated.                                                                                                                                                                                                                                             |                                  |                                                                                                                                                             |                                                                                                                                         |                                                                      |                                                                                       |
| 22a. SIGNATURE<br>(Degree or title)<br><b>Harold H. Lane, M.D.</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                  |                                                                                                                                                             | 22b. ADDRESS<br><b>608 Cherry<br/>Springfield, Mo.</b>                                                                                  |                                                                      | 22c. DATE SIGNED<br><b>11-29-58</b>                                                   |
| 23a. BURIAL, CREMATION,<br>REMOVAL (Specify)<br><b>Burial</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  | 23b. DATE<br><b>12/1/58</b>                                                                                                                                 | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Greenlawn</b>                                                                                  |                                                                      | 23d. LOCATION (City, town, county)<br><b>Springfield Mo.</b><br>(State)               |
| 24. FUNERAL DIRECTOR<br><b>Ralph Thieme Springfield, Mo. LM</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  | 25. DATE RECD. BY LOCAL REG<br><b>12-1-58</b>                                                                                                               |                                                                                                                                         | 26. REGISTRAR'S SIGNATURE<br><b>Effie G. Melton</b>                  |                                                                                       |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

most or causally related.

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 Harold Futrell, Student Embalmer No. 571 working under my personal supervision.

Student Harold Futrell  
Signature of Student Embalmer

Signed Lee Mason

Licensed Embalmer No. 4568

P. O. Address Springfield, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

DEC 11 1958