

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046801

FILED VS JAN 3 1961 209

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 508

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Marion</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Knox</b>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hannibal, Missouri</b>		Length of stay in 1b <b>33 days</b>		c. CITY OR TOWN <b>Edina</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Elizabeth Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>RR#4</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <b>Merl</b> Middle <b>T.</b> Last <b>Cheatum</b>				4. DATE OF DEATH Month <b>12</b> Day <b>22</b> Year <b>60</b>						
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>1/26/1894</b>	9. AGE (last birthday) <b>65</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>26</b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>		11. BIRTHPLACE (City and state or country) <b>Knox County Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>			
13a. FATHER'S NAME <b>William H. Cheatum</b>			13b. MOTHER'S MAIDEN NAME <b>Mollie Hoisington</b>			14. NAME OF HUSBAND OR WIFE <b>Nettie Jones Cheatum</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>488 20 0524</b>		17. INFORMANT <b>Mrs. Merl Cheatum</b>			Address <b>Edina Missouri</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Congestive Heart Failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Ventricular Septal defect</b> DUE TO (c) <b>Myocardial Infarct (Septal)</b>							INTERVAL BETWEEN ONSET AND DEATH <b>2 wks.</b> <b>3 1/2 wks.</b> <b>1 month.</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Auto accident - Multiple lacerations Contusions</b>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>Auto accident -</b>						
20c. TIME OF INJURY Hour <b></b> a.m. <b></b> p.m. <b></b>	Month, Day, Year <b>11-14-60</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway - 36</b>		20f. CITY, TOWN, OR LOCATION <b>Hannibal</b>		COUNTY <b>Marion</b>	STATE <b>Mo.</b>
21. I attended the deceased from <b>11-14-60</b> , to <b>12-22-60</b> and last saw her/him alive on <b>12-22-60</b> Death occurred at <b>1:35 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Do, free or title) <b>Charles A. Nigh, M.D.</b>					22b. ADDRESS <b>115 N 5th Hannibal</b>			22c. DATE SIGNED <b>12/22/60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>24/dec/1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Linville Cemetery</b>		23d. LOCATION (City, town, or county) <b>Edina Missouri</b>			(State)		
24. FUNERAL DIRECTOR <b>Hudson-Rimer Funeral Home Edina Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>12/28/60</b>		26. REGISTRAR'S SIGNATURE <b>Dr. E. M. Duchs by Lillian M. Norman</b>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 15 1961

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_, working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John S. Ma

Licensed Embalmer No. 4540

P. O. Address Hannibal Miss

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.