

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019269

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 270

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 21 1962

1. PLACE OF DEATH
 a. COUNTY **Jasper**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Joplin** Length of stay in 1b **60 yrs**

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Freeman Hospital** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **410 Wall Avenue** Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **Jasper**

c. CITY OR TOWN **Joplin** Inside Limits Yes No

3. NAME OF DECEASED First Middle Last (Type or print) **VINITA CHEEK**

4. DATE OF DEATH Month Day Year **May 15, 1962**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **11-21-1877** 9. AGE (last birthday) **84** IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Own Home** 11. BIRTHPLACE (City and state or country) **Vinita, Oklahoma** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **George H. Williamson** 13b. MOTHER'S MAIDEN NAME **Cornelia N. Boorhaem** 14. NAME OF HUSBAND OR WIFE **Sherman Cheek**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No None** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT Address **Mrs. Carl Morgenthaler, 1005 N. Moffet, Joplin, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Myocardial failure** INTERVAL BETWEEN ONSET AND DEATH **two days**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Advanced cirrhosis of the liver**
 DUE TO (c) **Generalized arteriosclerotic cardiovascular renal disease** **Over six months**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1-2-62 to 5-15-62 and last saw her alive on 5-15-62
 Death occurred at 9:00 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE *[Signature]* 22b. ADDRESS **DeTar Clinic, 410 Jackson, Joplin, Mo.** 22c. DATE SIGNED **5-16-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **May 17, 1962** 23c. NAME OF CEMETERY OR CREMATORY **Mt. Hope Cemetery** 23d. LOCATION (City, town, or county) (State) **Webb City, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Thornhill-Dillon Mortuary, Joplin, Mo.** 25. DATE RECD. BY LOCAL REG. **5-17-1962** 26. REGISTRAR'S SIGNATURE *[Signature]*

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59
 12499
 2499
 3
 4 1
 5 2
 6
 7 1
 8 2
 9422-1
 10
 11
 12 4-0
 13 2-0

MAY 24 1962

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 David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.