

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-048093

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. \_\_\_\_\_ Registrar's No. 539

FILED JAN 3 1963

VS 300  
Rev. 4/59

10940

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY St. Francois  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Doe Run Length of stay in 1b \_\_\_\_\_  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION \_\_\_\_\_ Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY St. Francois  
c. CITY OR TOWN Flat River, Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 200 Bryan St. Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First SAMUEL Middle K. Last CHEEK  
4. DATE OF DEATH Dec. 23, 1962 Month 23 Day \_\_\_\_\_ Year \_\_\_\_\_

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced   
8. DATE OF BIRTH 10/31/1895 9. AGE (last birthday) 67 IF UNDER 1 YEAR Months 1 Days 22 IF UNDER 24 HR Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Miner (Mill) 10b. KIND OF BUSINESS OR INDUSTRY Lead 11. BIRTHPLACE (City and state or country) Monroe County, Ill 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Cornelius Cheek 13b. MOTHER'S MAIDEN NAME Sophia ~~Olson~~ Olsen 14. NAME OF HUSBAND OR WIFE Maude Ivster Cheek

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 17. INFORMANT Address Mrs. Maude Cheek Flat River, 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 Infarction  
Arteriosclerotic heart disease  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_  
INTERVAL BETWEEN ONSET AND DEATH 10 min.  
3 years

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 1958 to Dec 23, 62 and last saw him live on Dec 17, 1962  
Death occurred at 8:10 P/M on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. L. Foster (Degree or title) 22b. ADDRESS Desloge, Missouri 22c. DATE SIGNED 12/24/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 12/26/62 23c. NAME OF CEMETERY OR CREMATORY Arcadia Memorial 23d. LOCATION (City, town, or county) (State) Iron Co. Mo.

24. FUNERAL DIRECTOR ADDRESS Murphy L. Sparks Flat River, Mo 25. DATE RECD. BY LOCAL REG. Dec. 24, 1962 26. REGISTRAR'S SIGNATURE Ether Rudloff

USE BLACK INK OR TYPEWRITER RIBBON

**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 Murphy L. Spauld

Licensed Embalmer No. 4256

P. O. Address St Paul, 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.