

FILED MAR 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9711**
 BIRTH NO. **124** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **6075** Registrar's No. **104**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.)	
a. COUNTY <i>St. Francois</i>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Leadinton, Mo.</i>	a. STATE <i>Missouri</i>	b. COUNTY <i>St. Francois</i>
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Leadinton, Mo.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1</i>		d. STREET ADDRESS (If rural, give location) <i>0</i>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <i>Edwin</i>	b. (Middle)	c. (Last) <i>Cheestrough</i>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <i>3 - 19 - 1949</i>
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<b>5. SEX</b> <i>Male</i>	<b>6. COLOR OR RACE</b> <i>white</i>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <i>married</i>	<b>8. DATE OF BIRTH</b> <i>April 3 - 1878</i>	<b>9. AGE</b> (In years last birthday) (Months) (Days) (Hours) (Min.) <i>76 11 16</i>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <i>Retired Rail Reader</i>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <i>St. Joseph Lead Co.</i>	<b>11. BIRTHPLACE</b> (State or foreign country) <i>McGenevieve Co. near Saffers, Mo.</i>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <i>U.S.A.</i>
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<b>13a. FATHER'S NAME</b> <i>Mr. Joseph Cheestrough</i>	<b>13b. MOTHER'S MAIDEN NAME</b> <i>Mrs. Mary Woodford Howard</i>	<b>14. NAME OF HUSBAND OR WIFE</b> <i>Mrs. Jennie Busby Cheestrough</i>
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<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)	<b>16. SOCIAL SECURITY NO.</b> <i>493-63-9148</i>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <i>Leadinton Mo.</i>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <i>7 da.</i>  <i>7 weeks</i>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <i>Robert Pneumonia</i>		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <i>3 it</i>		
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from** *Feb 5*, 1949, to *Mar 19*, 1949, that I last saw the deceased alive on *Mar 18*, 1949, and that death occurred at *10 a.m.*, from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <i>Dr. Geo. S. Matthews M.D.</i>	<b>23b. ADDRESS</b> <i>Farmington Mo.</i>	<b>23c. DATE SIGNED</b> <i>3-23-49</i>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <i>Buried</i>	<b>24b. DATE</b> <i>March 22 - 1949</i>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <i>Parkview</i>	<b>24d. LOCATION</b> (City, town, or county) (State) <i>Farmington Mo.</i>
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<b>DATE REC'D BY LOCAL REG.</b> <i>Feb 25, 1949</i>	<b>REGISTRAR'S SIGNATURE</b> <i>Esther Reed</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>Alvin W. Hood</i>	<b>ADDRESS</b> <i>303 Cass St. St. Louis, Mo.</i>
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(Licensed Embalmers' Statement on Reverse Side)

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

No. 300  
10.4894  
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Health Officer No. 4  
District File Number 34-9-418  
Date Filed 3-28-49

**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 .....  
Student Embalmer

Signed Alvin W. Hood

Licensed Embalmer No. 2786

P. O. Address 303 Crane St. Flat River, W.

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