

FILED NOV 22 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37547  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4255 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kingsville</u>	c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) <u>Kingsville</u> <u>0510</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Herbert</u> b. (Middle) <u>L.</u> c. (Last) <u>Cheatham</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 6 1950</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed?</u>	8. DATE OF BIRTH <u>Sept. 29, 1873</u>
9. AGE (In years last birthday) <u>77</u>	# UNDER 1 YEAR <u>1</u>	# UNDER 12 HRS. <u>7</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>	11. BIRTHPLACE (State or foreign country) <u>Lafayette Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Cheatham</u>	13b. MOTHER'S MAIDEN NAME <u>Lucinda Haun</u>	14. NAME OF HUSBAND OR WIFE <u>Eva <sup>Hogarth</sup> Haun, dec'd.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. J. R. Barnes K.C. Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive C.V. Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4:21</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>at death to only 11/6/50</u> , that I last saw the deceased alive on <u>11/6/50</u> , 19 <u>50</u> , and that death occurred at <u>6P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Kelly Rawlins, M.D.</u>		23b. ADDRESS <u>Holden Mo</u>	23c. DATE SIGNED <u>11/8/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-10-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Concord Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lafayette Co. Mo.</u>
DATE REC'D BY LOCAL REG. <u>Nov 11, 1950</u>	REGISTRAR'S SIGNATURE <u>Mrs. G. O. Redford</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Canaday and Ropp</u>	ADDRESS <u>Holden Mo</u>

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

RECEIVED  
NOV 14 1950  
RECEIVED  
JOHNSON COUNTY HEALTH DEPT.

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 W. A. Canaday

Licensed Embalmer No. 3424

P. O. Address Holden, 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 this body is not embalmed, fact should be so stated above.