

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10972

State File No.

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5976 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <p align="center">Polk</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center">Mo</p>		b. COUNTY <p align="center">Polk</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">rural jackson twp</p>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">rural jackson twp</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">6mi n.e. dadeville</p>		d. STREET ADDRESS (If rural, give location) <p align="center">6mi.n.e.dadeville</p>			

3. NAME OF DECEASED (Type or Print) a. (First) <p align="center">Lou</p>			b. (Middle) <p align="center">Ellen</p>			c. (Last) <p align="center">Cheek</p>			4. DATE OF DEATH (Month) (Day) (Year) <p align="center">mar 17 1953</p>			
5. SEX <p align="center">f</p>		6. COLOR OR RACE <p align="center">W</p>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">widowed</p>		8. DATE OF BIRTH <p align="center">Sept. 14, 1862</p>			9. AGE (In years) (Month) (Day) (Year) <p align="center">90</p>		10. HOURS <p align="center">099</p>	11. MIN. <p align="center">0</p>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">retired</p>				10b. KIND OF BUSINESS OR INDUSTRY <p align="center">housewife</p>		11. BIRTHPLACE (State or foreign country) <p align="center">Dade co mo.</p>			12. CITIZEN OF WHAT COUNTRY? <p align="center">usa</p>			

13a. FATHER'S NAME <p align="center">William Brown</p>			13b. MOTHER'S MAIDEN NAME <p align="center">Demarious Brown</p>			14. NAME OF HUSBAND OR WIFE <p align="center">Wm.R. Brown</p>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center">No</p>			16. SOCIAL SECURITY NO. <p align="center">None</p>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <p align="center">Mrs Lou Hagerma n Aldrich mo rt2</p>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p><i>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.</i></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute heart failure</u>							
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic myocarditis</u>							
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <p align="center">4222</p>						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 2-15 1953, to 3-17, 1953, that I last saw the deceased alive on 3/10, 1953, and that death occurred at 7:00a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <p align="center">D.B. McLean</p>		23b. ADDRESS <p align="center">Mrs. Bolivar</p>		23c. DATE SIGNED <p align="center">3/18/53</p>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">Burial</p>		24b. DATE <p align="center">Mar. 19, 1953</p>		24c. NAME OF CEMETERY OR CREMATORY <p align="center">Long</p>		24d. LOCATION (City, town, or county) (State) <p align="center">Dade co Mo</p>	

DATE REC'D BY LOCAL REG. <p align="center">March 20, 1953</p>		REGISTRAR'S SIGNATURE <p align="center">Ralph Garden</p>		25. FUNERAL DIRECTOR'S SIGNATURE <p align="center">W.R. Allison</p>		ADDRESS <p align="center">Greenfield Mo</p>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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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. R. Allison

Licensed Embalmer No. 4404

P. O. Address Greenfield, Mass.

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.