No. 300
10-48

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FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16549

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 387

1. PLACE OF DEATH
a. COUNTY: LINN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brookfield
c. LENGTH OF STAY (in this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McKinney Hospital 4 miles SW of Laclede, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: LINN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LACLEDE
d. STREET ADDRESS (If rural, give location): _____

3. NAME OF DECEASED (Type or Print): a. (First) WILBERT b. (Middle) HARRIS c. (Last) CHEEK

4. DATE OF DEATH (Month) (Day) (Year): MAY 10, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 9-10-36
9. AGE (In years last birthday): 17 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: High School
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Robert Cheek
13b. MOTHER'S MAIDEN NAME: Lillian L. Morgan
14. NAME OF HUSBAND OR WIFE: _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): _____
16. SOCIAL SECURITY NO.: 497-38-4644
17. INFORMANT'S SIGNATURE OR NAME: Robert Cheek, Laclede, Missouri — ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH: Bronchitis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Skull fracture
DUE TO (c) Auto accident.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: _____
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Road
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Linn Co. 258 Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 5 10 54 7 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Auto accident

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on 5/10/54, 19__, and that death occurred at 7 A.M., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): K. W. Bohnsack, M.D.
23b. ADDRESS: 211 Linn Brookfield Mo.
23c. DATE SIGNED: 5/11/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-13-54
24c. NAME OF CEMETERY OR CREMATORY: Laclede Cemetery
24d. LOCATION (City, town, or county) (State): Laclede Missouri

DATE REC'D BY LOCAL REG.: 5-12-54
REGISTRAR'S SIGNATURE: Nadine Hambach, Dep. 167-0
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Brothers Funeral Home, Laclede Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 2 4

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 Wright

Licensed Embalmer No. 4655

P. O. Address Laclede, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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