

FILED JUL 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19430

BIRTH NO.		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 3043		Registrar's No. 192 192	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Hannibal</u>)		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Hannibal</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>1827 A Gordon</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Stewart</u> c. (Last) <u>Cheesewright</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 2, 1955</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 10, 1867</u>	
9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>22</u>		IF UNDER 12 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Bartender</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Griggsville, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>
13a. FATHER'S NAME <u>James Cheesewright</u>			13b. MOTHER'S MAIDEN NAME <u>Virginia Toel</u>		14. NAME OF HUSBAND OR WIFE <u>Jessie Mae Cheesewright</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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jessie Mae Cheesewright Hannibal, Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>					INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332X</u>					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) m.		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>June 10, 1955</u> , to <u>July 2, 1955</u> , that I last saw the deceased alive on <u>1st July, 1955</u> , and that death occurred at <u>2:35 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>Hannibal Mo.</u>		23c. DATE SIGNED <u>July 2/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 4, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Griggsville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Griggsville, Ill.</u>	
DATE REC'D BY LOCAL REG. <u>7-2-55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clayford Smith Hannibal, Mo.</u>			

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

RECEIVED JUL 12 1955
MARION CO. HEALTH DEPT
DATE FILED JUL 12 1955

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 *John S Stand*

Licensed Embalmer No. 45
P. O. Address *Stamm*

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.