

FILED AUG 23 1955

STANDARD CERTIFICATE OF DEATH

State File No. **27386**

BIRTH NO. **124** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **4462** Registrar's No. **239**

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY ST. FRANCOIS	
b. CITY OR TOWN ELUINS	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN ELUINS	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		STREET ADDRESS (If rural, give location) 8940	

3. NAME OF DECEASED (Type or Print) Lizzie	a. (First)	b. (Middle) L.	c. (Last) Cheagh	4. DATE OF DEATH (Month) (Day) (Year) AUG. 13, 1955
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH DEC. 12, 1881	9. AGE (In years last birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) YOUNT, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME ALFRED R. HALBROOK	13b. MOTHER'S MAIDEN NAME EMMALINE CRABTREE	14. NAME OF HUSBAND OR WIFE JOHN G. CHEAGH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Mrs DeJana Rehn
		ADDRESS St. Louis, Mo

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) Arterio Sclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis		
	DUE TO (c) 4200.		
	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	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) (Min.)	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 **July 20, 1955**, to **8-13, 1955**, that I last saw the deceased alive on **8-12, 1955**, and that death occurred at **9:40A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. H. Appleberry M.D.	23b. ADDRESS Fleur River MO	23c. DATE SIGNED 8-16-55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE AUG. 15, 1955	24c. NAME OF CEMETERY OR CREMATORY WOODLAWN
		24d. LOCATION (City, town, or county) (State) LEADINGTON, MO.

DATE REC'D BY LOCAL REG. Aug 16, 1955	REGISTRAR'S SIGNATURE E. Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE Raymond Caldwell	ADDRESS Fleur River, Mo.
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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 *R. Caldwell*.....

Licensed Embalmer No. *25*.....

P. O. Address *Flat Ru*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.