

FILED OCT 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **34917**BIRTH NO. Michigan REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 122

1. PLACE OF DEATH a. COUNTY Hayti, Pemiscot County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Little Rock Ark COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) Hayti MO		c. CITY (If outside corporate limits, write RURAL and give township) I305 West I6.St	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pemiscot County Memorial Hospital		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Helen	b. (Middle) Gean	c. (Last) Cheeks	(Month) 10	(Day) 14	(Year) 1956
5. SEX F	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child	8. DATE OF BIRTH Aug 9, 1956		9. AGE (In years last birthday) 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Non		10b. KIND OF BUSINESS OR INDUSTRY Non		11. BIRTHPLACE (State or foreign country) Catlac Michigan	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Alga Cheeks		13b. MOTHER'S MAIDEN NAME Sherley Lane	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NI		16. SOCIAL SECURITY NO. No	

17. INFORMANT'S SIGNATURE OR NAME <i>Alga Cheeks</i>		ADDRESS	
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial pneumonia		INTERVAL BETWEEN ONSET AND DEATH 5 days
	2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
	3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c)		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 491x		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 **10-13-56** to **10-14-56** that I last saw the deceased alive on **10-13-56**, and that death occurred at **11:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>John St. German</i>		(Degree or title) MD		23b. ADDRESS Hayti, Mo.		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/16/56		24c. NAME OF CEMETERY OR CREMATORY Walton		24d. LOCATION (City, town, or county) (State) Michigan Mo	
DATE REC'D BY LOCAL REG. 10-20-56		REGISTRAR'S SIGNATURE <i>John St. German</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Hills & Wines</i>			
				ADDRESS <i>1011 E. 12th St</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

10-283-56

OCT 27 1956

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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

N. M. Hill *Not Embalmed*

Licensed Embalmer No. *7627*

P. O. Address *Wilbourn 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.