

FILED FEB 11 1957

## STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 221

Primary Registration District No. 5845

Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Nodaway</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Atchison</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Near Clearmont</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>11 Mi. N.E. of Clearmont</b>			Length of stay in lb <b>40 Yrs.</b>	d. STREET ADDRESS <b>11 Mi. N.E. of town</b>		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <b>REBECCA ELIZABETH CHESHIRE</b>				First	Middle	Last	4. DATE OF DEATH Jan. 27, 1957	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Oct. 4, 1871</b>		9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Putnam Co., Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>Jacob Leshner</b>				14. MOTHER'S MAIDEN NAME <b>Lydia Anne Troxel</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>5511 W. Wash. Bldv. Manila Cheshire, Chicago Ill., Illinois</b>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Branchopneumonia</b> DUE TO (b) <b>Chronic Rt + Left heart failure</b> DUE TO (c) <b>Generalized Arteriosclerosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>4500</b>							INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b> <b>8 yrs.</b> <b>15 yrs.</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour a. m. p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE	
21. I attended the deceased from <b>Mar 1949</b> to <b>Jan 27, 1957</b> and last saw her/him alive on <b>1-22-57</b> Death occurred at <b>6:35 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>Ramsdell M.D.</b>				22b. ADDRESS <b>Clarinda, Iowa.</b>		22c. DATE SIGNED <b>1/29/57</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
<b>Rem. &amp; Bur.</b>		<b>1/29/1957</b>	<b>Clarinda Cemetery</b>		<b>Clarinda, Iowa.</b>			
24. FUNERAL DIRECTOR ADDRESS <b>L.D. Walker, Clarinda, Iowa.</b>			25. DATE RECD. BY LOCAL REG. <b>2-9-57</b>		26. REGISTRAR'S SIGNATURE <b>Bess Bolt</b>			

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard forms. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

Body was moved from farm home to Clarinda, Iowa, where embalming was

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ..... Student Embalmer No. ....

working under my personal supervision..

Student.....

Signature of Student Embalmer

Signed

*Loren Davison*

IOWA

Licensed Embalmer No. 314

P. O. Address Clarinda,

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.