

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 3 3 7 1

FILED VS DEC 21 1959 042

Registration District No. Primary Registration District No. 1000 Registrar's No. 1266

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Buchanan		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		a. STATE Missouri b. COUNTY Buchanan		c. CITY OR TOWN St. Joseph	
Length of stay in lb 42 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2628 Blackwell Road		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 2628 Blackwell Road				d. STREET ADDRESS (If outside, give location) 2628 Blackwell Road			
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM VERNON CHEESMAN, SR.				4. DATE OF DEATH Month Day Year December 15 1959			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/30/1892	9. AGE (last birthday) 67 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Superintendent		10b. KIND OF BUSINESS OR INDUSTRY S.W. Bell Telephone Co. Tarkio, Missouri		11. BIRTHPLACE (City and state or country) U.S.A.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME William H. Dunbar Cheesman		13b. MOTHER'S MAIDEN NAME Agnes Lowry Kelley		14. NAME OF HUSBAND OR WIFE Mrs. Ruth E. Cheesman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Mexican Border		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Ruth E. Cheesman, 2628 Blackwell Rd. St. Joseph, Mo.			
19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a)		Epidermoid Carcinoma -		2 Mo			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Bronchogenic Carcinoma left Lung		3 Mo			
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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. Month, Day, Year							
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 Oct 22 - 1959 to Dec 15 - 1959 and last saw him alive on Dec 15 - 1959. Death occurred at 9:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Wm W Steacy MD				22b. ADDRESS 620 Francis St St Joseph Mo		22c. DATE SIGNED 12/16/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/18/1959	23c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery		23d. LOCATION (City, town, or county) St. Joseph, Missouri		
24. FUNERAL DIRECTOR Stamey Funeral Home (GAS)		ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Dec 18, 1959		26. REGISTRAR'S SIGNATURE Mrs. Clark Kordell	

DOCUMENT

BY AFFIDAVIT OF O.W.D. Craig Medical Certification

DEC 23 1959

STATEMENT BY LICENSED EMBALMER

DEC 30 1959

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

Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St. Joseph, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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