

FILED APR 8 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

STATE FILE NUMBER

124 68 0011825

CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 89DO NOT WRITE
ON THIS STUDVS 300
Rev. 1/689. 010a. 7910b. 111. 012. 113. 491x14. 915. 916. 017. 018. 0

19. CREDITS

20. 1-0

DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)								
1. William Franklin Cheek			2. M	3. Mar. 27, 1968								
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR HOURS DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)							
4. White		5b. 79	5c.	5d.	6. Aug. 18, 1888 Henry							
CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)									
7b. Clinton			7c. Yes Clinton General Hospital									
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)						
8. Missouri		9. USA		10. Married		11. Evelyn M. Cheek						
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY								
12. 486-10-7407		13a. Inspector		13b. Power and Light								
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER							
14a. Missouri		14b. Henry	14c. Urich		14d. Yes 14e. 111 East 2nd St.							
FATHER—NAME FIRST MIDDLE LAST			MOTHER—MAIDEN NAME FIRST MIDDLE LAST									
15. Robert E. Cheek			16. Sallie Mae Winkler									
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)									
17a. Evelyn M. Cheek			17b. 111 E. 2nd St. Urich, Mo. 64788									
PART I. DEATH WAS CAUSED BY:			[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
18. IMMEDIATE CAUSE												
(a) Pulmonary Emphysema						14 years						
DUE TO, OR AS A CONSEQUENCE OF:												
(b) Recurrent Acute Bronchitis						14 years						
DUE TO, OR AS A CONSEQUENCE OF:												
(c) Chronic Bronchitis						14 years						
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			AUTOPSY (YES OR NO)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH							
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)			DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)							
20a.			20b.	20c.	20d.							
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)								
20a.		20b.		20c.								
CERTIFICATION—PHYSICIAN:		MONTH	DAY	YEAR	MONTH	DAY	YEAR	AND LAST SAW HIM/HER ALIVE ON	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.		
21a. I ATTENDED THE DECEASED FROM		3	0	59	21b. 3	27	1968	21c. 3	27	68	21d.	21e. 12:55 PM.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.								HOUR OF DEATH		THE DECEASED WAS PRONOUNCED DEAD		
22a.								22b.		22c.		
CERTIFIER—NAME (TYPE OR PRINT)				SIGNATURE				DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)		
23a. W.D. Bradshaw				23b. W.D. Bradshaw, M.D.				23c. M.D.		23d. 4-1-68		
MAILING ADDRESS—CERTIFIER				STREET OR R.F.D. NO.				CITY OR TOWN		STATE ZIP		
23a.				23b.				23c.		23d.		
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME			LOCATION CITY OR TOWN STATE							
24a. Burial		24b. Urich Cemetery			24c. Urich, Missouri 64788							
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)										
24d. Mar. 30, 1968		24e. Snow's Funeral Home, 201 E. 4th St, Urich, Mo										
FUNERAL DIRECTOR—SIGNATURE				REGISTRAR—SIGNATURE				DATE RECEIVED BY LOCAL REGISTRAR				
25a. Merle Snow				25b. Mildred Biggin				25c. 3-28-68				

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6.0420

CAUSE

CERTIFIER

BU

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

APR 10 1968

Permit obtained 3-28-68 (MBS)

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 Merle H. Snow

Licensed Embalmer No. 4034

P. O. Address Urich, 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.