

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-048093
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. Registrar's No. 539

FILED JAN 3 1963

VS 300 Rev. 4/59

10940

20942

3

4 0

5 1

6

7 1

8 2

94200

10

11

12 91-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN Doe Run		c. CITY OR TOWN Flat River,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) 200 Bryan St.	
3. NAME OF DECEASED (Type or print) First SAMUEL Middle K. Last CHEEK		4. DATE OF DEATH Month Dec. Day 23, Year 1962	
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 10/31/1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Miner (Mill)		10b. KIND OF BUSINESS OR INDUSTRY Lead	11. BIRTHPLACE (City and state or country) Monroe County, Ill
13a. FATHER'S NAME Cornelius Cheek		13b. MOTHER'S MAIDEN NAME Sophia Olsen Olsen	14. NAME OF HUSBAND OR WIFE Maude Ivster Cheek
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 493-03-9147	17. INFORMANT Mrs. Maude Cheek Address Flat River, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction			INTERVAL BETWEEN ONSET AND DEATH 10 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease			3 years
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 1958 to Dec 23, 62 and last saw him live on Dec 17, 1962 Death occurred at 8:10 P/M on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. L. Foster MS (Degree or title)		22b. ADDRESS Desloge, Missouri	22c. DATE SIGNED 12/24/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/26/62	23c. NAME OF CEMETERY OR CREMATORY Arcadia Memorial	23d. LOCATION (City, town, or county) (State) Iron Co. Mo.
24. FUNERAL DIRECTOR Murphy L. Sparks ADDRESS Flat River, Mo		25. DATE RECD. BY LOCAL REG. Dec. 24, 1962	26. REGISTRAR'S SIGNATURE Ether Rudloff

USE BLACK INK OR TYPEWRITER RIBBON

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 Murphy Spauld

Licensed Embalmer No. 4956

P. O. Address Stat Rm, One

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.