

FILED MAR 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11281

108

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

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>	
c. LENGTH OF STAY (In this place) <u>16 yr</u>		d. STREET ADDRESS (If rural, give location) <u>212 So. Oak</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>212 So. Oak</u>		d. STREET ADDRESS (If rural, give location) <u>212 So. Oak</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u> b. (Middle) <u>Henry</u> c. (Last) <u>Sweeney</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 23 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 12 1873</u>
9. AGE (In years last birthday) <u>75</u>		10. CITIZENSHIP (If under 18, Hours Min.) <u>8 10 30</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. COUNTRY OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Martin M. Sweeney</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Moore</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary N. Sweeney</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Crayton H. Sweeney</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chl. profeclitidis & asthma</u> DUE TO (c) <u>501X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>501X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE HOMICIDE <u>none</u>	
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? <u>501X</u>		22. I hereby certify that I attended the deceased from <u>Mar 17, 1949</u> , to <u>Mar 23, 1949</u> , that I last saw the deceased alive on <u>Mar 22, 1949</u> , and that death occurred at <u>2:00 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>C. R. King M.D.</u>		23b. ADDRESS <u>Nevada, Mo</u>	
23c. DATE SIGNED <u>3-24-49</u>		24a. BURIAL (Specify) <u>March 25-1949</u>	
24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>Moore Cemetery Nevada</u>	
24d. LOCATION (City, town, or county) (State) <u>Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred L. ...</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 25, 1949</u>		REGISTRAR'S SIGNATURE <u>Kathryn H. ...</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred L. ...</u>		ADDRESS <u>Missouri</u>	

RECEIVED

District Health Officer No. 7

District File Number 2-49-302

Date Filed 3-29-49

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 *[Signature]*
Licensed Embalmer No. 1760

P. O. Address *[Address]*

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.