

S. No. 300  
V. 10.48

FILED NOV 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34297

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BIRTH NO.		REG. DIST. NO. 383	PRIMARY REG. DIST. NO. 5655	Registrar's No. 267
1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson		
b. CITY (If outside corporate limits, write RURAL and give township) Mt. Vernon		c. LENGTH OF STAY (in this place) 162 da.	c. CITY (If outside corporate limits, write RURAL and give township) Crystal City 50	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State Sanatorium		d. STREET ADDRESS (If rural, give location) 1001 Taylor 1		
3. NAME OF DECEASED (Type or Print) a. (First) Linda		b. (Middle) Sue	c. (Last) Sweet	4. DATE OF DEATH (Month) (Day) (Year) Nov. 4, 1949
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 8-1-48	9. AGE (In years last birthday) 1 yr.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None - Infant		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Crystal City, Mo	12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME William Eugene Sweet		13b. MOTHER'S MAIDEN NAME Alma L. Portell	14. NAME OF HUSBAND OR WIFE None	
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS E. McMichael, Record Clerk, Mo. State San Mt. Vernon, Missouri.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculous meningitis and Hydrocephalus.  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH About 10 mos.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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?
22. I hereby certify that I attended the deceased from May 27, 1949, to Nov 4, 1949, that I last saw the deceased alive on Nov. 4, 1949, and that death occurred at 7:55 pm., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) C.A. Brusler M.D.		23b. ADDRESS Mount Vernon, Missouri		23c. DATE SIGNED Nov. 4, 1949
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/4/49	24c. NAME OF CEMETERY OR CREMATORY Crystal City, Mo.	
DATE REC'D BY LOCAL REG. Nov 5, 1949		REGISTRAR'S SIGNATURE Ceil Hendricks		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.H. Latmeyer Fun. Home, Springfield, Mo.

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

RECEIVED NOV 7 1949

District Health Office No. 6,

District File Number 1149-1123

Date Filed 11-7-49

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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 Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield, 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 this body is not embalmed, fact should be so stated above.