

FILED JUL 22 1950

STANDARD CERTIFICATE OF DEATH

23691

State File No.

2913

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>JOHNSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>OVERLAND PARK #18</u>	
c. LENGTH OF STAY (In this place) <u>3 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>5706 WALMER</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LUKES HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>DONALD</u> b. (Middle) <u>FRANCIS</u> c. (Last) <u>SWEETEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY. 3. 1950</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>	8. DATE OF BIRTH <u>AUG-9-1923</u>	9. AGE (In years last birthday) <u>26 YEARS</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 MRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OFFICE MANAGER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SAWYER MATERIAL CO</u>		11. BIRTHPLACE (State or foreign country) <u>JOPLIN MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>LE ROY SWEETEN</u>		13b. MOTHER'S MAIDEN NAME <u>MAYNETT BAUGHN</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. MARNA LEE SWEETEN</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give war or date of service) <u>WORLD WAR II</u>		16. SOCIAL SECURITY NO. <u>493-H-6085</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. MARNA LEE SWEETEN</u> ADDRESS <u>5706 WALMER OVERLAND PARK KS.</u>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sarcoma of right leg</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Neurogenic sarcoma of leg</u>			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>Sept. 1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>Neurogenic sarcoma of leg</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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) _____	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from 7-30, 1949, to 7-3, 1950, that I last saw the deceased alive on 7-3, 1950, and that death occurred at 11:55 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Ralph S. Casford</u> (Degree or title) <u>M. D.</u>		23b. ADDRESS <u>221 Plaza Medical Bldg.</u>		23c. DATE SIGNED <u>7-3-50</u>	
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24a. BURIAL CREMATION (REMOVAL) (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 4 1950</u>		24c. NAME OF CEMETERY OR CREMATOR <u>-</u>		24d. LOCATION (City, town, or county) (State) <u>JOPLIN MISSOURI</u>	
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DATE REC'D BY LOCAL REG. <u>7-4-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>O. N. Newsom</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY MO.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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5-1

JUL 22 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address H. C. 4 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.