

FILED AUG 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27876

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 356		Registrar's No. 199	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		d. STREET ADDRESS (If rural, give location) <u>1208 Fisk Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wabash Hospital</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 9 1950</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u>		b. (Middle) <u>H.</u>		c. (Last) <u>Sweeney</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>Feb. 26 1880</u>	
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months <u>5</u>		IF UNDER 1 DAY Days <u>13</u>		IF UNDER 1 HOUR Hours <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rtd Frt Agt</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wabash RR</u>		11. BIRTHPLACE (State or foreign country) <u>Clifton Hill, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>Mo</u>	
13a. FATHER'S NAME <u>Joseph Sweeney</u>			13b. MOTHER'S MAIDEN NAME <u>Susan Schrinbher</u>			14. NAME OF HUSBAND OR WIFE <u>Edith</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>702-05-8215</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs D. H Sweeney</u>		ADDRESS <u>Moberly, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Prostate</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u> DUE TO (c) <u>None</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 yrs</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input checked="" 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) m.		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 <u>Nov 1</u> , 19 <u>49</u> , to <u>Aug 8</u> , 1950, that I last saw the deceased alive on <u>Aug 8</u> , 19 <u>50</u> , and that death occurred at <u>12:36</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Henry K Baker M.D.</u>				23b. ADDRESS <u>Moberly, Missouri</u>		23c. DATE SIGNED <u>Aug 9 '50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 11 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u></u>		24d. LOCATION (City, town, or county) (State) <u>La Plata, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 11-50</u>		REGISTRAR'S SIGNATURE <u>Paul Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>269 Mahan and Son</u>		ADDRESS <u>Moberly, Mo</u>	

SEP 12 1950

AUG 21 1950

RECEIVED AUG 14 1950
District Health Officer No. 10
District File Number 8-50-1349
Date Filed AUG 10 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 Frank L DeWitt

Signed.....
Student Embalmer

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.