

FILED JAN 11 1951

STANDARD CERTIFICATE OF DEATH

State File No. **41834**

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3052** Registrar's No. **427**

0883
4

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

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sweeney House		d. STREET ADDRESS (If rural, give location) 0883 0	

3. NAME OF DECEASED a. (First) Clara b. (Middle) Frances c. (Last) Swetnam			4. DATE OF DEATH (Month) (Day) (Year) Dec 26 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED: (Specify) Divorced	8. DATE OF BIRTH Sept. 28 1883	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 2 Days 28	IF OVER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Mo	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Jerry Kinkade	13b. MOTHER'S MAIDEN NAME Annie Lewis	14. NAME OF HUSBAND OR WIFE Wesley Melburn
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME Wesley Melburn	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDITIS		SEVERAL MONTHS
	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. HIGH BLOOD PRESSURE		4 2 20
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	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) (Minute)	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 **Oct 27, 1950** to **Dec. 26, 1950**, that I last saw the deceased alive on **Dec. 23, 1950**, and that death occurred at **5:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. L.E. Hiber, M.D.	23b. ADDRESS 400 1/2 West Reed Moberly Mo	23c. DATE SIGNED 12/28/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 28 1950	24c. NAME OF CEMETERY OR CREMATORY Huntsville	24d. LOCATION (City, town, or county) (State) Huntsville Mo
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DATE REC'D BY LOCAL REG. Dec 28 50	REGISTRAR'S SIGNATURE Charles Bell	25. FUNERAL DIRECTOR'S SIGNATURE Mahar and Son	ADDRESS Moberly Mo
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Date Received: JAN 3 1951
DISTRICT HEALTH OFFICE #2
District File Number 1-51-48
Date Filed: JAN 10 1951.

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 D. Hart

Signed.....
Student Embalmer

Licensed Embalmer No. *8021*

P. O. Address *Mobily Inc*

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.