

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11667**  
Registrar's No. **376**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Kansas</b> COUNTY <b>Doniphan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Town St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Elwood</b>	
c. LENGTH OF STAY (In this place) <b>1 day</b>		d. STREET ADDRESS (If rural, give location) <b>General Delivery</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Duncans Nursing Home</b>		8150	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lorenzo</b> b. (Middle) <b>Dow</b> c. (Last) <b>Sweeney</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 5 1951</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>12/27/1868</b>
9. AGE (In years) last birthday <b>82</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farm laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>
11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Not known</b>		13b. MOTHER'S MAIDEN NAME <b>Not known</b>	
14. NAME OF HUSBAND OR WIFE (widened name) <b>Hattie Campbell (Woolridge)</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>unknown</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Co. Welfare Office at Troy, Kansas</b>	
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) <b>arterio. sclerosis</b>  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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4500	
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)	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 <b>Jan. 1947</b> , to <b>April 5<sup>th</sup> 1951</b> ; that I last saw the deceased alive on <b>April 4<sup>th</sup> 1951</b> , and that death occurred at <b>3:30 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>John G. Swails</b> (Degree or title)		23b. ADDRESS <b>Wathena Kansas</b>	
23c. DATE SIGNED <b>4-5-1951</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	24b. DATE <b>4/5/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Belmont Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Wathena Kansas</b>
DATE REC'D BY LOCAL REG. <b>April 10, 1951</b>	REGISTRAR'S SIGNATURE <b>Carl C. Casuto</b>	25. GENERAL DIRECTOR'S SIGNATURE <b>Earl Clark</b> 120 Illinois Ave.	

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

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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 <sup>Not</sup> embalmed by me, or by.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Eric J. Schermy*

Signed.....  
Student Embalmer

Licensed Embalmer No.....

4679

P. O. Address.....

*St. Joseph*

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.