

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27917

BIRTH NO. _____		REG. DIST. NO. 292		PRIMARY REG. DIST. NO. 4435		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Ralls,</u> <u>0870</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perry, Mo.</u> c. LENGTH OF STAY (In this place) <u>10 Yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Perry, Missouri.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Ralls,</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>XXXXX Perry, Missouri.</u> <u>0870</u> d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Bell</u> c. (Last) <u>Sweat</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug, 19, 1951</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec. 19, 1875</u>		9. AGE (In years last birthday) <u>75</u>		10. IF UNDER 1 YEAR: Months <u>8</u> Days <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Monroe Co, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Andrew Harbit</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie Donaldson</u>		14. NAME OF HUSBAND OR WIFE <u>Jackson Sweat.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Andy Harbit Mexico, Missouri.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Unknown (Found dead in home)</u> 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 <u>331X</u>							
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Perry, Ralls, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>None</u>		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>N o Medical Attention.</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:00P.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Clyde Wilkey</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Perry, Missouri.</u>		23c. DATE SIGNED <u>8-20-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-21-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Plesant Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Monroe Co, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-20-51</u>		REGISTRAR'S SIGNATURE <u>Clyde Wilkey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde B. Wilkey</u>		ADDRESS <u>Perry, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: SEP 6 - 1951
DISTRICT HEALTH OFFICE #2
District File Number 7-51-1580
Date Filed: SEP 6 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Clyde C. Wilkey

Licensed Embalmer No. 3820

P. O. Address *Perry, 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.