S. No. 300
v. 10.48

FILED OCT 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36222

BIRTH NO. _____ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4552 Registrar's No. 49

1141

1. PLACE OF DEATH
a. COUNTY: WRIGHT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MTN. GROVE
c. LENGTH OF STAY (In this place): 2 WEEKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 213 Green Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: WRIGHT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MTN. GROVE 1141
d. STREET ADDRESS (If rural, give location): 213 Green Street

3. NAME OF DECEASED (Type or Print): a. (First) ABSOLUM b. (Middle) P. c. (Last) SWEETON

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 30/51

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: JUNE. 30 1873

9. AGE (In years last birthday): 78 — If under 1 year: Months 3, Days 0 — If under 24 hrs.: Hours 0, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: FARMER

11. BIRTHPLACE (State or foreign country): DORA, MO.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JOHN SWEETON

13b. MOTHER'S MAIDEN NAME: MARY JANE DOBBS

14. NAME OF HUSBAND OR WIFE: MARTIN MINERVA ELIZABETH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S SIGNATURE OR NAME: Mary Cockworth — ADDRESS: Mtn. Grove

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic indigestion
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: ✓ 151X

20. AUTOPSY? YES ☐ NO ☑

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): Mountain Grove Wright Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ✓

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: ✓

22. *I hereby certify that I attended the deceased from* 9-29-, 1951, *to* 9-30-, 1951; *that I last saw the deceased alive on* 9-29-, 1951, *and that death occurred at* 12:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. G. Frame M.D. — (Degree or title)

23b. ADDRESS: Mountain Grove, Mo

23c. DATE SIGNED: 9/30/51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: Oct. 3/51

24c. NAME OF CEMETERY OR CREMATORY: SWEETON

24d. LOCATION (City, town, or county) (State): DORA, MO.

DATE REC'D BY LOCAL REG.: 10-6-51

REGISTRAR'S SIGNATURE: A.C. Ames 348

25. FUNERAL DIRECTOR'S SIGNATURE: Rice Barber — ADDRESS: Mtn. Grove Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED OCT 9 1951
WRIGHT CO. HEALTH DEPT.
County File Number 1051-102
Date Filed Oct. 13, 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 [signature]

Licensed Embalmer No. 3848

P. O. Address 12 Mtn. Grove, 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.