

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **5830**

FILED FEB 19 1952

BIRTH NO.		REG. DIST. NO. 238	PRIMARY REG. DIST. NO. 4355	Registrar's No. 9
1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. COUNTY New Madrid		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Madrid		c. LENGTH OF STAY (in this place)		
d. FULL NAME OF HOSPITAL OR INSTITUTION No.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Madrid, 0721		
		d. STREET ADDRESS (If rural, give location) 3		
3. NAME OF DECEASED (Type or Print) Thessa		a. (First)	b. (Middle) Ellen	c. (Last) Sweet
4. DATE OF DEATH (Month) (Day) (Year) 2/4/1952		5. SEX Female		6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH 1/7/1884		9. AGE (In years last birthday) 68
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home work		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (State or foreign country) Perry Co. Ill.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME James A. Blake.		13b. MOTHER'S MAIDEN NAME Rebeca Crider
14. NAME OF HUSBAND OR WIFE Edger Sweet		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. No.
17. INFORMANT'S SIGNATURE OR NAME Paul Sweet, Matthews, R.1 Mo.		ADDRESS		
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) No. Medical Attendant ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) by all recent death DUE TO (c) was due to Abiote Myocarditis		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 431X		20. AUTOPSY? YES <input 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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:20 p. m. , from the causes and on the date stated above.				
23a. SIGNATURE Edger Sweet		23b. ADDRESS New Madrid, Mo.		23c. DATE SIGNED 2/5/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/6/52		24c. NAME OF CEMETERY OR CREMATORY Memorial Park.
24d. LOCATION (City, town, or county) (State) Sikeston, Mo.		DATE REC'D BY LOCAL REG. 2-12-52		REGISTRAR'S SIGNATURE Heleen Louie Jones 216-9
25. FUNERAL DIRECTOR'S SIGNATURE Richards Und't, Co. New Madrid,		ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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

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

L. W. Hedgepeth

Licensed Embalmer No. 3803

P. O. Address New Madrid, 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.