

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25378

FILED AUG 8 1952 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5983 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b> 0850 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Waynesville, Mo Rural</b> unknown c. LENGTH OF STAY (In this place) <b>unknown</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b> 1850 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Waynesville, Mo Rural</b> 0 d. STREET ADDRESS (If rural, give location) <b>Rural Route</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Dahl A</b> b. (Middle) <b>Allen</b> c. (Last) <b>Sweary</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 29-52</b>	
5. SEX <b>Male</b> 0	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never</b>	8. DATE OF BIRTH <b>Sept. 21, 1942</b>
9. AGE (In years last birthday) <b>10</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>
11. BIRTHPLACE (State or foreign country) <b>Chicago, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Christian J. Sweary</b>		13b. MOTHER'S MAIDEN NAME <b>Harriett Schroiver</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Father Christian Sweary</b> ADDRESS <b>Missouri Waynesville</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Drowning</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. <b>E9299</b> <b>42</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>185</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Waynesville Mo Pulaski Missouri</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>July 29, 1952 8:00 p.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>July 29, 1952</b> to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>8:00 Am.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Billy J. Hedges</b> (Degree or title) <b>County Coroner</b>		23b. ADDRESS <b>Crocker, Missouri</b>	23c. DATE SIGNED <b>July 30/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>July 30/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Rosenill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Chicago, Ill.</b>
DATE REC'D BY LOCAL REG. <b>7-30-52</b>	REGISTRAR'S SIGNATURE <b>Pauline [Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hedges Funeral Home Crocker, Mo</b>	ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed 8-9-58  
File Number  
Pulaski County Health Officer

RECEIVED  
7-38-58

AUG 13 1958

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 Walter P. Hedges

Signed.....  
Student Embalmer

Licensed Embalmer No. 4265

P. O. Address Shelby Missouri

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.