

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28891

State File No.

FILED SEP 15 1952

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 9048 Registrar's No. 210

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

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY OR TOWN <u>Maryville</u>		c. CITY OR TOWN <u>Rural-Lincoln</u>	
c. LENGTH OF STAY (In this place) <u>7 days</u>		d. STREET ADDRESS (If rural, give location) <u>2410 /</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Charley</u>	b. (Middle) <u>Washington</u>	c. (Last) <u>Sweeney</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Sept. 5, 1952</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>February 22, 1909</u>	9. AGE (In years last birthday) <u>43</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm owner</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>James A. Sweeney</u>	13b. MOTHER'S MAIDEN NAME <u>Mina E. Koger</u>	14. NAME OF HUSBAND OR WIFE <u>Ocie Sweeney</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, pp. (a), (b), and (c)) <u>NO</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Ocie Sweeney</u>	ADDRESS <u>Hatfield, Missouri</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>instantly</u> <u>10 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Artery Hemorrhage</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Emphysema</u> DUE TO (c) <u>Bronchiectasis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>526X</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>Bronchiectasis, lobectomy middle & lower lobes left lung</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Aug 25, 1952, to Sept 4, 1952, that I last saw the deceased alive on Sept 4, 1952, and that death occurred at 24 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank B. Mattheisen M.D.</u> (Degree or title)	23b. ADDRESS <u>Grant City, Mo.</u>	23c. DATE SIGNED <u>9-6-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 7, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Center Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Harrison County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>9-13-52</u>	REGISTRAR'S SIGNATURE <u>Leas Holt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arch C. Dunfee</u>	ADDRESS <u>Grant City, Mo.</u>
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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 embalmed by me, or by _____

Bill Dunfee
working under my personal supervision.

Student Embalmer No. 445

Signed Bill Dunfee
Student Embalmer

Signed Arch C. Dunfee

Licensed Embalmer No. 3252

P. O. Address Front City, 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.