S. No. 300
v. 10-46

DEC 10 1952

# STANDARD CERTIFICATE OF DEATH

6252 State File No. 41381

BIRTH NO. _____ REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 6251 Registrar's No. 8

1110
1

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

**1. PLACE OF DEATH**
a. COUNTY: Wayne
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Leeper-Millspring twnshp
c. LENGTH OF STAY (In this place): 6 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri b. COUNTY: Wayne
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mills-prin g township 1118
d. STREET ADDRESS (If rural, give location):

**3. NAME OF DECEASED** (Type or Print): a. (First) Charles b. (Middle) Fuller c. (Last) Sweazea

**4. DATE OF DEATH** (Month) 11 (Day) 15 (Year) 1952

**5. SEX:** M 0

**6. COLOR OR RACE:** W

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

**8. DATE OF BIRTH:** 4/20/1888

**9. AGE** (In years last birthday): 64 — IF UNDER 1 YEAR: Months 6, Days 25 — IF UNDER 24 HRS.: Hours, Min.

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

**10b. KIND OF BUSINESS OR INDUSTRY:** general farming

**11. BIRTHPLACE** (State or foreign country): Carter County 0

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

**13a. FATHER'S NAME:** Barney Cook Sweazea

**13b. MOTHER'S MAIDEN NAME:** Melvina Carter Sweazea

**14. NAME OF HUSBAND OR WIFE:** Mae Sweazea

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

**16. SOCIAL SECURITY NO.:** 498-07-1735

**17. INFORMANT'S SIGNATURE OR NAME:** Mrs. Mae Sweazea — ADDRESS: Leeper, Missou Mo.

**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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) arterial hypertension — 2 yrs.

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:** 331X

**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):**

**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* 12-27, 1949, *to* 11-15, 1952, *that I last saw the deceased alive on* 11-14, 1952, *and that death occurred at* 7:15 A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Frank J. Rucinski, D.O.

**23b. ADDRESS:** Van Buren Mo.

**23c. DATE SIGNED:** 11-16-52

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

**24b. DATE:** 11/17/'52

**24c. NAME OF CEMETERY OR CREMATORY:** Clay Cemetery

**24d. LOCATION** (City, town, or county) (State): Leeper Mo.

**DATE REC'D BY LOCAL REG.:** Nov. 28, 1952

**REGISTRAR'S SIGNATURE:** Hazel Ward 460 0

**25. FUNERAL DIRECTOR'S SIGNATURE:** William Cooke — ADDRESS: Piedmont Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
DEC 8 1954
WAYNE CO. HEALTH CENTER
FILE No. 1252-62

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 Coder Funeral Home, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmont, 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.