

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25695

FILED AUG 10 1953

BIRTH NO.		REG. DIST. NO. 211		PRIMARY REG. DIST. NO. 4324		Registrar's No. 1453			
1. PLACE OF DEATH a. COUNTY MILLER				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE MISSOURI b. COUNTY MILLER					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tuscumbia		c. LENGTH OF STAY (in this place) 8 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eugene		0660			
d. FULL NAME OF HOSPITAL OR INSTITUTION Humphreys-Hospital				d. STREET ADDRESS (If rural, give location) Eugene					
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) "T" c. (Last) SWEANEY			4. DATE OF DEATH (Month) (Day) (Year) July 30 1953						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 5 Oct 1874			
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (State or foreign country) Miller-Co-Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A			
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MARDEN NAME Lottie-Sweaney		14. NAME OF MARRIAGE OR WIFE Ollie-Sweaney					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE 499-24-6259		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ollie-Sweaney - Eugene					
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, ashenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis Chronic ANTECEDENT CAUSES Coronary Insufficiency Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH 4 months 5 months	
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION NONE		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ✓		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NONE					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) NONE		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? NONE					
22. I hereby certify that I attended the deceased from Feb 1953, to July 30, 1953, that I last saw the deceased alive on 30 July, 1953, and that death occurred at 6:50 A.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) M. E. Humphreys, M.D.				23b. ADDRESS Tuscumbia-Mo		23c. DATE SIGNED 30 July 53			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 31 July 53		24c. NAME OF CEMETERY OR CREMATORY Eugene		24d. LOCATION (City, town, or county) (State) Eugene Miller-Co-Mo			
DATE REC'D BY LOCAL REG. July 31-1953		REGISTRAR'S SIGNATURE Mrs. Richard L. Wright		25. FUNERAL DIRECTOR'S SIGNATURE Keith M. Fays		ADDRESS ELDON Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

0660

**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 Keith M. Kays

Licensed Embalmer No. 3998

P. O. Address Ellon 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.