

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42347**

No. 300
10-48

FILED DEC 16 1953

BIRTH NO. _____		REG. DIST. NO. 70		PRIMARY REG. DIST. NO. 5286		Registrar's No. 77	
1. PLACE OF DEATH a. COUNTY Clark Co.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clark			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Granger		c. LENGTH OF RESIDENCE IN THIS PLACE 34 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Granger		d. STREET ADDRESS (If rural, give location) Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION WYACONDA T.P.				d. STREET ADDRESS WYACONDA T.P.			
3. NAME OF DECEASED a. (First) Sarah			b. (Middle) Ada		c. (Last) Sweeney		4. DATE OF DEATH (Month) (Day) (Year) Dec. 6 1953
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Oct. 24, 1874	
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) McDouough Co., Illinois		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Hubar Murfin			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Nelson Sweeney		
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. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS E. H. Sweeney Granger, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 10 yrs					
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 15 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 4221					
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 June 1, 1933 , to Dec 6, 1953 , that I last saw the deceased alive on Nov 7, 1953 , and that death occurred at 3 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE A.M. Keethler M.D.				23b. ADDRESS Memphis, Mo.		23c. DATE SIGNED 12-7-53	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Dec 9, 1953		24c. NAME OF CEMETERY OR CREMATORY Granger		24d. LOCATION (City, town, or county) (State) Granger, Missouri	
DATE REC'D BY LOCAL REG. 12/8-53		REGISTRAR'S SIGNATURE J. H. ...		25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS Leath Mackett Memphis			

(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 Fred Guth

Licensed Embalmer No. 4256

P. O. Address Memphis

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.