

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8360

State File No.

BIRTH NO. **FILED MAR 19 1954** REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **3021** Registrar's No. **43**

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

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Davies	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Trenton, Mo.)		c. CITY (If outside corporate limits, write RURAL and give township) Rural-Grandriver Twn.	
c. LENGTH OF STAY (in this place) 4 Days		d. STREET ADDRESS (If rural, give location) Rt. 2, Jameson, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cullers Hosp.			

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) Claude	b. (Middle) William	c. (Last) Sweeney	March 13-1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 4-28-1881
9. AGE (In years last birthday) 72	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Land Owner	11. BIRTHPLACE (State or foreign country) Davies County, Mo.
13a. FATHER'S NAME Atlas Sweany			12. CITIZEN OF WHAT COUNTRY? U.S.A.

13b. MOTHER'S MAIDEN NAME Charlotte E. Egbert	14. NAME OF HUSBAND OR WIFE --
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Bert L. Sweany, Jameson, 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		INTERVAL BETWEEN ONSET AND DEATH Indefinite
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Endocarditis		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **March 9, 1954**, to **March 13, 1954**, that I last saw the deceased alive on **March 12, 1954**, and that death occurred at **3:35 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE H. Hillers M.D.	(Degree or title)	23b. ADDRESS Trenton Mo.	23c. DATE SIGNED 3-13-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-15-1954	24c. NAME OF CEMETERY OR CREMATORY Coffey Cemetery	24d. LOCATION (City, town, or county) (State) Coffey, Missouri

DATE REC'D BY LOCAL REG. 3-15-54	REGISTRAR'S SIGNATURE Gene J. ...	25. FUNERAL DIRECTOR'S SIGNATURE ...	ADDRESS Pattonsburg, Mo.
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Carrie Sweet*

Licensed Embalmer No. *4096*

P. O. Address *Patonsburg, Md.*

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.