No. 300
10.48

Dr. Rusk

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11405

BIRTH NO. FILED APR 29 1954 REG. DIST. NO. 389 PRIMARY REG. DIST. NO. 5165 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Guthrie
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4½ mi N.W. Guthrie Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Callaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Guthrie TWP.
d. STREET ADDRESS (If rural, give location): 4½ mi N.W. Guthrie

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3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Ann
c. (Last): Sweeten

4. DATE OF DEATH (Month) (Day) (Year): Apr 15 54

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 2 - 1869
9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months: 9 Days: 13 IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Callaway Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James Hudson
13b. MOTHER'S MAIDEN NAME: Laura Oliver
14. NAME OF HUSBAND OR WIFE: Joe Sweeten

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.: —
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mrs Mae Hughes Holt Summit

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): General Arterio Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: Two years

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: 4500
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* June 1, 1953, *to* 4/16, 1954, *that I last saw the deceased alive on* Apr 17, 1954, *and that death occurred at* 8/20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. McRusk M.D. (Degree or title)
23b. ADDRESS: New Bloomfield Mo
23c. DATE SIGNED: 4/17 54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr 17 - 54
24c. NAME OF CEMETERY OR CREMATORY: Dry Fork Cemetery
24d. LOCATION (City, town, or county) (State): 3 mi W - Guthrie Mo

DATE REC'D BY LOCAL REG.: Apr-15-54
REGISTRAR'S SIGNATURE: LeRoy Claypool
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Holt-Claypool New Bloomfield Mo

(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 LeRoy Claypool

Licensed Embalmer No. 4412

P. O. Address New Bloomfield 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.