

FILED JUL 14 1954

STANDARD CERTIFICATE OF DEATH

State File No. 18186

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

6334
6141

BIRTH NO. _____ REG. DIST. NO. 389 PRIMARY REG. DIST. NO. 5165 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Guthrie Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Guthrie Twp	
c. LENGTH OF STAY (in this place) LIFE		d. STREET ADDRESS (If rural, give location) 4 mi NW Guthrie Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Joe	b. (Middle) Sweeten JR.	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) July 8 54
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Mar 22 1898	9. AGE (In years last birthday) 56	10. UNDER 1 YEAR Months 3 Days 16	11. UNDER 1 MRS. Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		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 Joe Sweeten sr	13b. MOTHER'S MAIDEN NAME Mary Ann Hudson	14. NAME OF HUSBAND OR WIFE Eunice Sweeten
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME Mrs Eunice Sweeten Guthrie Mo	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute CARDIAL FAILURE		INTERVAL BETWEEN ONSET AND DEATH INST
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) MYOCARDIAL DECOMPOSITION		UNKNOWN
	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"/>
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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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **5:30 Am.**, from the causes and on the date stated above.

23a. SIGNATURE Sam A. Stewart, Dpty Coroner	(Degree or title)	23b. ADDRESS Guthrie Missouri	23c. DATE SIGNED 7/9/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE July 10-54	24c. NAME OF CEMETERY OR CREMATORY Dry Fork Cemetery	24d. LOCATION (City, town, or county) (State) 2 mi West Guthrie Mo.
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DATE REC'D BY LOCAL REG. July 8-54	REGISTRAR'S SIGNATURE LeRoy Claypool	39	25. FUNERAL DIRECTOR'S SIGNATURE Hal Claypool	ADDRESS New Bloomfield 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 LeRoy Claypool.....

Licensed Embalmer No. 4412.....

P. O. Address New Bloomfield W.....

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.