

STANDARD CERTIFICATE OF DEATH

FILED FEB 16 1955

BIRTH NO. REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Scotland	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville,	c. LENGTH OF STAY (In this place) 6 days	c. CITY OR TOWN Memphis	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Laughlin Hospital		e. STREET ADDRESS (If rural, give location) 0990	

3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) Scott c. (Last) Sweeney			4. DATE OF DEATH (Month) (Day) (Year) Feb. 1, 1955			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 28, 1871	9. AGE (In years last birthday) 83	# UNDER 1 YEAR Months Days	# UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and State or Foreign Country) McDonough Co., Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Ambros Sweeney	13b. MOTHER'S MAIDEN NAME Mary Wilcox	14. NAME OF HUSBAND OR WIFE Martha Sweeney
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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.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Grace Wilson	ADDRESS Memphis, Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis. (Myocardial Infarction)		6 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Diffuse Glomerular Nephritis ? Anemia		?
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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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 Jan 26, 1955, to Feb 1, 1955, that I last saw the deceased alive on Feb 1, 1955, and that death occurred at 1:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE A. T. Rhoads	(Degree or title)	23b. ADDRESS 20 Kirksville, Mo	23c. DATE SIGNED 2-2-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Feb 3, 1955	24c. NAME OF CEMETERY OR CREMATORY Memphis Cemetery	24d. LOCATION (City, town, or county) (State) Memphis, Missouri
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DATE REC'D BY LOCAL REG. 2-7-55	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE L. D. Baker	ADDRESS Memphis Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

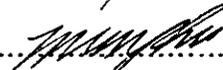
STATEMENT BY LICENSED EMBALMER

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.....
Signature of Student Embalmer

Signed..... 

Licensed Embalmer No. 

P. O. Address..... 

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.