

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5797**

FILED FEB 16 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **22**

1. PLACE OF DEATH a. COUNTY <b>Pike</b>		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <b>MO</b> b. COUNTY <b>Pike</b>	
b. CITY OR TOWN <b>Louisiana</b>	c. LENGTH OF STAY (in this place) <b>14 mos</b>	c. CITY OR TOWN <b>Bowling Green MO</b>	d. Is Residence within limits of a city or incorporated town? No <input type="checkbox"/> Yes <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pike Co. Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>0820</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>BERTHA</b>	b. (Middle) <b>FRANCES</b>	c. (Last) <b>SWEETMAN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 9 1955</b>
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5. SEX <b>♀</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Nov 11 1878</b>	9. AGE (in years) (months) (days) <b>76 2 18</b>	10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>house wife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Pike Co MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Charles L Harris</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Jane Robinson</b>	14. NAMES OF HUSBAND OR WIFE <b>Mike Sweetman</b>
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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)	16. SOCIAL SECURITY NO. <b>yes</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. John Harris</b>	ADDRESS <b>Bowling Green MO</b>
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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) <b>Gastro-intestinal hemorrhage due possibly to esophagus varicocele</b>		<b>3 days</b>
	DUPLICATE CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic hypertensive cardiovascular disease</b>		<b>10 yrs plus</b>
DUE TO (c) <b>Peripheral vascular disease with Gangrene of toes</b>		<b>4 mths.</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerotic diabetes</b>		<b>10 yrs plus</b>	

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)
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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?
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22. I hereby certify that I attended the deceased from **8-26 1953**, to **2-9 1955**, that I last saw the deceased alive on **2-9 1955**, and that death occurred at **11:30P m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Chas L. Lewellen</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Louisiana, Missouri</b>	23c. DATE SIGNED <b>2-12-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb 11 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bowling Green</b>	24d. LOCATION (City, town, or county) (State) <b>Bowling Green MO</b>
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DATE REC'D BY LOCAL REG. <b>2/14/55</b>	REGISTRAR'S SIGNATURE <b>Bruce J. ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Emace Danford</b>	ADDRESS <b>Bowling Green MO</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
Signature of Student Embalmer

Signed *Jarrod Kirk*.....

Licensed Embalmer No. *45*.....

P. O. Address *Baltimore, Md.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.