

FILED FEB 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4253

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 5375 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <b>DeKalb</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>DeKalb</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Maysville (Rural)</b>		c. LENGTH OF STAY (In this place) <b>Life</b>		c. CITY OR TOWN <b>Maysville</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <b>0 2<sup>nd</sup> 0</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>CLYDE</b>			b. (Middle) <b>ROLLA</b>			c. (Last) <b>SWEIGER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 20 1956</b>		
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5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		8. DATE OF BIRTH <b>Dec. 12 1887</b>		9. AGE (In years last birthday) <b>68</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <b>DeKalb County Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		
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13a. FATHER'S NAME <b>Frank Sweiger</b>			13b. MOTHER'S MAIDEN NAME <b>Caroline Kuhl</b>			14. NAME OF HUSBAND OR WIFE					
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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) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Frank Sweiger Maysville Mo.</b>							
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>Found dead in bed from</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Natural Causes.</b>								INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <b>4201</b>		
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 \_\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ a. m., from the causes and on the date stated above.

23a. SIGNATURE <b>W. Gerald Jacobson</b>			23b. ADDRESS <b>Maysville Mo.</b>			23c. DATE SIGNED <b>2-23-56</b>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-24-1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Hopewell</b>		24d. LOCATION (City, town, or county) (State) <b>Weatherby Mo (R.F.D.)</b>			
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DATE REC'D BY LOCAL REG. <b>2-26-56</b>		REGISTRAR'S SIGNATURE <b>Robert H. ...</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>PILCHER FUNERAL HOME</b>			ADDRESS <b>HAYSVILLE MISSOURI</b>		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

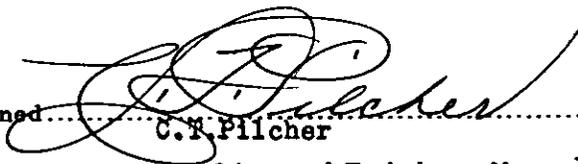
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STATEMENT BY LICENSED EMBALMER

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  .....  
C. F. Pilcher  
Licensed Embalmer No. .... 3960 ..

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