

FILED MAY 11 1956

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15130

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3029 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CRYSTAL CITY		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN CRYSTAL CITY
d. FULL NAME OF HOSPITAL OR INSTITUTION 217 PINE ST.		e. STREET ADDRESS (If rural, give location) 217 PINE ST.	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) FERMOND	b. (Middle) F.	c. (Last) SWEET	(Month) MAY	(Day) 7	(Year) 1956
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 26, 1903		9. AGE (In years last birthday) 52
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GLASS WORKER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) CRYSTAL CITY, MO.	
13a. FATHER'S NAME B. R. Sweet			13b. MOTHER'S MAIDEN NAME SARAH CAROL		14. NAME OF MARRIAGE OR WIFE Mrs. CLOMA SWEET
12. CITIZEN OF WHAT COUNTRY? U.S.A.		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. 487-03-4437		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. CLOMA SWEET - CRYSTAL CITY, MO.			

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, asthma, 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) Cancer of the lungs		ANTECEDENT CAUSES			
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			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 **July 12, 1956**, to **May 2, 1956**, that I last saw the deceased alive on **May 1, 1956**, and that death occurred at **8:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE John F. DeLong, Jr.		23b. ADDRESS Fishers, Mo.		23c. DATE SIGNED 5/2/56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5/4/56		24c. NAME OF CEMETERY OR CREMATORY ROSEBANK CEMETERY		24d. LOCATION (City, town, or county) (State) CRYSTAL CITY MO.	
DATE REC'D BY LOCAL REG. 5-3-56		REGISTRAR'S SIGNATURE James G. Lidman		25. FUNERAL DIRECTOR'S SIGNATURE James R. Cady		ADDRESS CRYSTAL CITY, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

MAY 8 1956

MAY 14 1956

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 *James Richard Cady*.....
Licensed Embalmer No. *430*.....
P. O. Address *CRYSTAL C*.....

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.