

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20303

State File No. ....

FILED JUL 2 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5500 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY <u>HARRISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>HARRISON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-UNION</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-UNION</u>	
c. LENGTH OF STAY (In this place) <u>12 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1 mi. S. Eagleville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HARRISON</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u> b. (Middle) <u>RAY</u> c. (Last) <u>Sweeten</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 16, 1956</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>Dec 10, 1893</u>		9. AGE (In years last birthday) <u>62</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Harrison Co., Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Sherman Sweeten</u>		13b. MOTHER'S MAIDEN NAME <u>Bartrude Fulow</u>		14. NAME OF HUSBAND OR WIFE <u>CLARA Sweeten</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>497-40-5673</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CLARA Sweeten, Eagleville, Mo.</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Bronchogenic Carcinoma, left upper lobe;</u>		<u>13 months</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <u>Chronic Pulmonary Emphysema</u>		<u>10 years</u>	

19a. DATE OF OPERATION <u>8/5/55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Inoperable Bronchogenic Carcinoma, left upper lobe</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>---</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>---</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>--- 162X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>---</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>---</u>	

22. I hereby certify that I attended the deceased from 3/8/51, 19  , to 6/18/56, 19  , that I last saw the deceased alive on 6/16/56, 19  , and that death occurred at 10 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Alvin C. C. [Signature]</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Bethany, Missouri</u>		23c. DATE SIGNED <u>6/18/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 19, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MASONIC Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Eagleville, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>General W. Boggs Eagleville, Mo</u>			
DATE REC'D BY LOCAL REG. <u>June 25 56</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u>			

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

JUL  
3 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 .....  
Student Embalmer

Signed Gerald W. Bogges

Licensed Embalmer No. 4762

P. O. Address Engleville, 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 this body is not embalmed, fact should be so stated above.