

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23490

STATE FILE NUMBER

FILED AUG 6 - 1956

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 221

1. PLACE OF DEATH a. COUNTY <b>HENRY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>mo</b> b. COUNTY <b>Clayton Co</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clinton mo</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Clark &amp; mo</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>CLINTON COMPAES CAT CENTER JOE E FRANK</b> Length of stay in lb		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>MINEAVA ELEAZETH SWEETON</b>			4. DATE OF DEATH Month Day Year <b>July 29 1956</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Mar 4 1884</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home Work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CLARK Co. mo.</b>	11. BIRTHPLACE (City and state or country) <b>USA</b>
13. FATHER'S NAME <b>JOSEPH ANDREW MARTIN</b>		14. MOTHER'S MAIDEN NAME <b>ALICE FIELDS</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Lucy Sweeton Clayton mo</b> Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Uremia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Hypertensive Cardio-Vascular renal disease</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT, NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <b>Hemiplegia, left</b>			INTERVAL BETWEEN ONSET AND DEATH <b>no death</b> <b>5 years</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <b>July 14, 1953</b> to <b>July 29, 1953</b> and last saw her <b>alive</b> on <b>7/28/56</b> Death occurred at <b>7:30 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Dwice or title) <b>S. B. Hughes, M. D.</b>		22b. ADDRESS <b>Clinton, mo.</b>	22c. DATE SIGNED <b>7/30/56</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>8-2-56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sweeton Cem</b>	23d. LOCATION (City, town, or county) (State) <b>NEAR WESTPLAIN. mo</b>
24. FUNERAL DIRECTOR <b>J E Conard</b> ADDRESS <b>Clinton mo</b>		25. DATE RECD. BY LOCAL REG. <b>8-1-56</b>	26. REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *J E Comalwe*

Licensed Embalmer No.....

P. O. Address *Alm*

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.