

FILED OCT 10 1956

## STANDARD CERTIFICATE OF DEATH

29711

STATE FILE NUMBER

Health,  
Welfare  
Public  
Services

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 307

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville, Mo.		c. CITY OR TOWN Kirksville, Mo. <i>ect/3</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION C.N.H.#1		d. STREET (If outside, give location) ADDRESS C.N.H.# 1	
3. NAME OF DECEASED (Type or print) First John Middle T. Last Sweatman		4. DATE OF DEATH Month Oct. Day 5, Year 1956	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 2, 1871.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Adair County, Mo.
13. FATHER'S NAME Willis Sweatman		14. MOTHER'S MAIDEN NAME Sarah M. Christian	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO X		16. SOCIAL SECURITY NO. X	17. INFORMANT Leonard Crow - Kirksville, Mo.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Medullary Failure</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Thrombotic Encephalomalacia.</i> DUE TO (c) <i>Arteriosclerosis</i>			INTERVAL BETWEEN ONSET AND DEATH 11 hrs. 2 wks. Years.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 332X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <i>January 18, 1956 to October 15, 1956</i> and last saw <i>him</i> alive on <i>10-5-56</i> Death occurred at <i>7:15</i> <i>h</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J. H. Schaefer, D.O.</i> (Degree or title)		22b. ADDRESS <i>Kirksville, Mo.</i>	
22c. DATE SIGNED <i>10-5-56</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct. 7, 1956	
23c. NAME OF CEMETERY OR CREMATORY Bear Creek Cemetery		23d. LOCATION (City, town, or county) (State) Adair Co. Mo.	
24. FUNERAL DIRECTOR <i>Paul H. Raley</i> ADDRESS Kirksville, Mo.		25. DATE RECD. BY LOCAL REG. <i>10-8-56</i>	
		26. REGISTRAR'S SIGNATURE <i>Kate Lambert</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 *George W. Davelk*

Licensed Embalmer No. *472*

P. O. Address *Kirkwood*

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.