FILED FEB 4 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1481
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 312

Health, Welfare, Public Service

300
1-56

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1. PLACE OF DEATH a. COUNTY Jackson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Hops — Inside Limits Yes X No ☐	c. CITY OR TOWN Kansas City — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Research Hosp — Length of stay in lb 12 Yrs.	d. STREET ADDRESS 3015 Linwood (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Jewel Middle Last Sweezy		4. DATE OF DEATH Month Day Year 1-19-57	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED XXXX NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Mar 5 1922
9. AGE (In years last birthday) 34	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Finisher - Blade	10b. KIND OF BUSINESS OR INDUSTRY Westinghouse	11. BIRTHPLACE (City and state or country) Lowgap, Arkansas	12. CITIZEN OF WHAT COUNTRY? U. S
13. FATHER'S NAME James Lovell		14. MOTHER'S MAIDEN NAME Lawrence Yates	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) X X X X	16. SOCIAL SECURITY NO. 432 22 2432	17. INFORMANT Address Mrs. McDaniel 3606 Baltimore K. C. Mo	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock & Hemorrhage resulting from

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) fractured cervical spine, ruptured

DUE TO (c) Liver & Spleen

INTERVAL BETWEEN ONSET AND DEATH: 8164 26

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT X SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Was a passenger in car that was involved in 3 car collision 108

20c. TIME OF INJURY 7:30 Hour ~~a.m.~~ p.m. Month, Day, Year 1-19-57

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK X

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Highway

20f. CITY, TOWN, OR LOCATION Nevada COUNTY Vernon STATE Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Geo C Kealhofer M.D. Deputy Coroner	22b. ADDRESS 6627 Prospect Kansas	22c. DATE SIGNED 1-20-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-21-57	23c. NAME OF CEMETERY OR CREMATORY Lowgap Arkansas
23d. LOCATION (City, town, or county) (State) Lowgap, Ark		
24. FUNERAL DIRECTOR ADDRESS FLORAL HILLS MEMORIAL CHAPEL INC K.C. Mo.	25. DATE RECD. BY LOCAL REG. 1-21-57	26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Geo. C. Kealhofer

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Emmett L. Seel

Licensed Embalmer No. 4.8

P. O. Address Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.