FILED FEB 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 7310

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY VERNON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Washington Twp. Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 M.N. on Hiway 71 Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN K.C. MO. Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 3015 Linwood (If outside, give location) Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First DENNIS Middle ARDEN Last SWEEZY

4. DATE OF DEATH Month JAN Day 19 Year 1957

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 2-21-1925
9. AGE (In years last birthday) 31
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) CHEF -COOK
10b. KIND OF BUSINESS OR INDUSTRY RESTURANT
11. BIRTHPLACE (City and state or country) CARTHAGE, MO.
12. CITIZEN OF WHAT COUNTRY? U.X.
13. FATHER'S NAME GEORGE SWEEZY
14. MOTHER'S MAIDEN NAME UNKNOWN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 496-20-1799
17. INFORMANT Address Mrs. George Sweezy, K.C., Mo.

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) INTERNAL INJURIES RECEIVED IN AN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) AUTOMOBILE ACCIDENT
DUE TO (c)

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 ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) AUTO ACCIDENT
20c. TIME OF INJURY 7:45 Hour a. m. p. m. Month, Day, Year 1-19-57
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 6M.N. Hiway 71
20f. CITY, TOWN, OR LOCATION Nevada COUNTY Vernon 108 STATE Mo.

21. I attended the deceased from _____ to _____ and last saw him alive on _____ never
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.
Richard L. Shorten (Degree or title) Coroner
22b. ADDRESS Nevada Mo
22c. DATE SIGNED 1/19/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-23-57
23c. NAME OF CEMETERY OR CREMATORY Floral Hills
23d. LOCATION (City, town, or county) (State) Kansas City, Mo.

24. FUNERAL DIRECTOR Richard L. Shorten, Nevada, Mo ADDRESS
25. DATE RECD. BY LOCAL REG. 2-20-57.
26. REGISTRAR'S SIGNATURE Anna E. Ferry

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

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

FEB 26 1957

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 Lloyd C. McCoy

Licensed Embalmer No. 48

P. O. Address Nevada,

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.