THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23395

STATE FILE NUMBER

FILED JUL 29 1957

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 267

1. PLACE OF DEATH
a. COUNTY Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville — Inside Limits Yes X No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Adair
c. CITY OR TOWN Kirksville — Inside Limits Yes X No
d. STREET ADDRESS 1005 N. Edgar (If outside, give location) — Reside on Farm Yes X No

3. NAME OF DECEASED (Type or print) First Henry Middle Herbert Last Sweet

4. DATE OF DEATH Month 7 Day 13 Year 1957

5. SEX male
6. COLOR OR RACE white
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 5/20/1877
9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR: Months 1 Days 23 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad worker
10b. KIND OF BUSINESS OR INDUSTRY Railroading
11. BIRTHPLACE (City and state or country) Queen City, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Abner Sweet
14. MOTHER'S MAIDEN NAME Mary Louise Rice

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.
17. INFORMANT Address 1005 N. Edgar Mrs. H. H. Sweet Kirksville, 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) Circulatory Failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease & Recent
DUE TO (c) Myocardial Infarction Secondary to Coronary Thrombosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I(a). 4200

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6-1-57, to 7-13-57 and last saw him alive on 7-10-57
Death occurred at 0600 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE David W. Boone MD (Degree or title) 2
22b. ADDRESS Kirksville, Mo.
22c. DATE SIGNED 7-16-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7/15/57
23c. NAME OF CEMETERY OR CREMATORY Refuge Cemetery
23d. LOCATION (City, town, or county) N. E. Kirksville (State) Mo.

24. FUNERAL DIRECTOR Davis & Davis ADDRESS Kirksville, Mo.
25. DATE RECD. BY LOCAL REG. 7-26-1957
26. REGISTRAR'S SIGNATURE Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

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 casually 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 er

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert B. Harris

Licensed Embalmer No. 42

P. O. Address Kirkse

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.