

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040937

STATE FILE NUMBER

FILED NOV 24 1958

Registration District No. 267

Primary Registration District No. 3049

Registrar's No. 232

300
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature as set forth in 18. No symptoms will be listed. All diseases in Part I must be causally related.

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Pemiscot | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Hayti |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 411 N. 1st. | | Length of stay in 1b 3 yrs. | d. STREET ADDRESS (If outside, give location) 411 N. 1 st. |
| 3. NAME OF DECEASED (Type or print) First Middle Last Ervin Sweatmon | | | 4. DATE OF DEATH Month Day Year 11-16-58 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 5-14-58 |
| 9. AGE (In years last birthday) 32 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Taxi Driver | 11. BIRTHPLACE (City and state or country) Cullman Co. Ala. |
| 13a. FATHER'S NAME Jim Sweatmon | | 13b. MOTHER'S MAIDEN NAME Emma Yancy | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give war or dates of service) Unknown | | 16. SOCIAL SECURITY NO. 423-24-8971 | 17. INFORMANT Address Moss Funeral Service, Cullman, Ala. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Frank Zurboski Acid | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Frank Zurboski Acid | | |
| 20c. TIME OF INJURY Hour Month, Day, Year 11-16-58 | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home | 20f. CITY, TOWN, OR LOCATION COUNTY STATE Hayti, Pemiscot, Mo. | |
| 21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at about 9 P.M. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) James A. Debus, General | | 22b. ADDRESS Hayti, Mo. | 22c. DATE SIGNED 11-17-58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 11-18-58 | 23c. NAME OF CEMETERY OR CREMATORY Holly Pond Cemetery | 23d. LOCATION (City, town, or county) (State) Cullman Co. Alabama. |
| 24. FUNERAL DIRECTOR ADDRESS John W. German Funeral Home, Hayti. | | 25. DATE RECD. BY LOCAL REG. 11-17-58 | 26. REGISTRAR'S SIGNATURE John W. German |

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 *John W. Lerman*
Licensed Embalmer No. *4355*
P. O. Address *Hyatt*

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.

SPRINGFIELD, MO