

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021980

STATE FILE NUMBER

FILED JUN 17 1959

Registration District No. 162

Primary Registration District No. 5595

Registrar's No. 61

300
-57

1. PLACE OF DEATH a. COUNTY Jefferson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Arnold Rt. 1		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Arnold Rt. 1		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give Box n) HOSPITAL OR INSTITUTION Tenbrook Rd. 403		Length of stay in 1b 1 Year	d. STREET ADDRESS (If outside, give location) Tenbrook Rd. Box 403		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last HENRY M. SWEENEY			4. DATE OF DEATH Month Day Year May 30, 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 19, 1894		9. AGE (In years last birthday) 65
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman		10b. KIND OF BUSINESS INDUSTRY Materials		10c. BIRTHPLACE (City and state or country) Salem, Mo.	
10d. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John H. Sweeney		13b. MOTHER'S MAIDEN NAME Mary E. Bedwell	
13c. NAME OF HUSBAND OR WIFE Tillie Sweeney		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 488-01-0291	
17. INFORMANT Tillie Sweeney		Address Box 403		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Saneristic carcinoma 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) Cerebral arterial sclerosis	
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 7/15/58 to 5/30/59 and last saw him alive on 5/30/59 Death occurred at 7:40 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Charles Brunick M.D.		22b. ADDRESS 206 N. Argonne Highway		22c. DATE SIGNED 6/1/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 3, 1959		23c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery	
23d. LOCATION (City, town, or county) Lenay (25) Missouri		24. FUNERAL DIRECTOR Fendler Und. Co.		24b. ADDRESS 7420 Michigan Ave.	
24c. DATE RECD. BY LOCAL REG. 6-3-59		25. REGISTRAR'S SIGNATURE Robert E. Bauer			

(Licensed Embelmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

440

Dr. Charles Bunsie
206 W. Argonne Dr. (Tulahoma)
In 1-5798

0361 27 NRP

JUN 16 1959

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 *W. G. Peterson*

Licensed Embalmer No. 3767

P. O. Address 7420 mic

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.