

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 27 1959

59-037358

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. _____ Registrar's No. 398

INDEXED

1. PLACE OF DEATH a. COUNTY <u>St Francois</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>IRON</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural St Francois</u>		Length of stay in 1b <u>14 days</u>	c. CITY OR TOWN <u>Belleview</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mineral Area Osteopathic</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Edward</u> Middle _____ Last <u>Sweeney</u>			4. DATE OF DEATH Month <u>October</u> Day <u>16</u> Year <u>1959</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/2/74</u>	9. AGE (last birthday) <u>85</u>	IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HR: _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen Farming</u>	11. BIRTHPLACE (City and state or country) <u>Iron Mountain, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>John Sweeney</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Farmer</u>		14. NAME OF HUSBAND OR WIFE <u>Ida M. Robinson D</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Naomi Sweeney, Belleview</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary Failure</u>					INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral Vascular Accident</u>					<u>48 hours</u>	
DUE TO (c) _____					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 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 _____ a.m. _____ p.m.	Month, Day, Year _____	_____				
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 <u>1952</u> to <u>October 16, 1959</u> and first saw her <u>Oct 16, 1959</u> alive on Death occurred at <u>7:22 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u>Paul B. Egan MD.</u>			22b. ADDRESS <u>Farmington, Missouri</u>		22c. DATE SIGNED <u>10-16-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>10-19-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Thomas Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Belleview, Mo.</u>	_____	
24. FUNERAL DIRECTOR <u>C.A. Howell</u>		ADDRESS <u>Ironton, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>10/16/59</u>	26. REGISTRAR'S SIGNATURE <u>Ester Rudloff</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SA 100 27 OCT 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

C. R. Howell

Licensed Embalmer No. 3670

P. O. Address Groton

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.