

FIRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011587

FILED VS. APR 1 1960

160

Primary Registration District No.

559

Registrar's No.

51

STATE FILE NUMBER

INDEXED

DOCUMENT

1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jefferson					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joachim Twp.		Length of stay in 1b		c. CITY OR TOWN Crystal City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jeff. Memorial Hospital			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1201 Taylor Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Clinton Middle Charles Last Sweeney				4. DATE OF DEATH Month Mar. Day 23 Year 1960					
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 2-6-1897	9. AGE (last birthday) 63	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician			10b. KIND OF BUSINESS OR INDUSTRY P.P.G. Co.		11. BIRTHPLACE (City and state or country) Richwoods, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME John Sweeney			13b. MOTHER'S MAIDEN NAME Elizabeth Danham			14. NAME OF HUSBAND OR WIFE Ettis Welch			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 489-03-4804		17. INFORMANT Address Mrs. Clinton C. Sweeney, Crystal City, Mo				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis DUE TO (b) Cardiovascular disease DUE TO (c) - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bronchial asthma						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			
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 March 2, 1959 to March 23, 60 and last saw her March 23, 60 and last saw him alive on March 23, 60 Death occurred at March 23, 60 1:25 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Bertalan Bogar, MD				22b. ADDRESS Festus, Mo				22c. DATE SIGNED 3/24/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-26-60	23c. NAME OF CEMETERY OR CREMATORY Roselawn Memorial			23d. LOCATION (City, town, or county) (State) Crystal City, Mo.			
24. FUNERAL DIRECTOR ADDRESS Vinyard Fun'l. Homes, Inc., Festus, Mo.				25. DATE RECD. BY LOCAL REG. 3-24-60		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

BY AFFIDAVIT OF

MAY 9 1960

APR 8 1960

APR 1 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. B. Vinson

Licensed Embalmer No. 4976

P. O. Address Festus, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.