

# MARI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 8 1960 378

-60-029469

Registration District No. 378 Primary Registration District No. 6285 Registrar's No. 35 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>WRIGHT</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>WRIGHT</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MTN. GROVE TWP.</b>		Length of stay in lb <b>2 Days</b>		c. CITY OR TOWN <b>MOUNTAIN GROVE</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>DILTZ REST HOME</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (if outside, give location) <b>101 South Main Street</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>ALBERT</b> Middle <b>L.</b> Last <b>SWEETON</b>				4. DATE OF DEATH Month <b>JULY</b> Day <b>15</b> Year <b>1960</b>				
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>12/3/1881</b>	9. AGE (last birthday) <b>78 Yrs</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer (Retired)</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>General Farming</b>		11. BIRTHPLACE (City, and state or country) <b>Drury, Douglas Co. Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>WILLIAM SWEETON</b>			13b. MOTHER'S MAIDEN NAME <b>LYDIA C. HICKS</b>			14. NAME OF HUSBAND OR WIFE <b>BERTHA HANCOCK SWEETON</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO. -----		17. INFORMANT Address <b>Mrs RAYMOND GRAY - NORWOOD, MISSOURI</b>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>Pneumonia, Hypertosis</b>						<b>7-14-60</b>	
DUE TO (b) <b>Fracture, Left Femur.</b>						<b>6-19-60</b>	
DUE TO (c) <b>Hypertension, Arteriosclerosis, Atherosclerosis</b>						<b>Not known</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						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 checked="" 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.) <b>Fell when leaving his room to go to bath room</b>					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year <b>6-14-60</b>							
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 <b>7-14-60</b> to <b>7-15-60</b> and last saw <sup>him</sup> alive on <b>7-14-60</b> Death occurred at <b>11:00 P.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>[Signature]</b>				22b. ADDRESS <b>Mountain Grove Mo</b>		22c. DATE SIGNED <b>7-28-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>7/19/1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>TRICK CEMETERY</b>		23d. LOCATION (City, town, or county) <b>DOUGLAS COUNTY, MISSOURI</b>		
24. FUNERAL DIRECTOR ADDRESS <b>BARBER FUNERAL HOME - MTN. GROVE, MO</b>				25. DATE RECD. BY LOCAL REG. <b>7-29-1960</b>		26. REGISTRAR'S SIGNATURE <b>[Signature]</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 8 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

*George Stapp*

Licensed Embalmer No. 3161

P. O. Address Mr. Snow

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.