MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 31 1960

60-037730
STATE FILE NUMBER

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 99

1. PLACE OF DEATH
a. COUNTY: Carroll
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Carrollton
Length of stay in 1b: Life
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Atwood Hospital
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Carroll
c. CITY OR TOWN: Carrollton
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 112 E. Clay
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: JEAN Middle: ANNE Last: SWEENEY
4. DATE OF DEATH: Month: Oct. Day: 22 Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married [ ] Never Married [X] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 10/22/1960
9. AGE (last birthday): 0
IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: 6 Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Carrollton, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Richard J. Sweeney
13b. MOTHER'S MAIDEN NAME: Patricia Ann Paul
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Richard Sweeney, Address: Carrollton, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Probable Congenital Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 6 hours
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)
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 2:48 PM, to 8:30 PM and last saw him alive on 10-22-60
Death occurred at 8:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Jack L. Vinyard (Degree or title) MD
22b. ADDRESS: 116 W. Benton Carrollton, Mo.
22c. DATE SIGNED: 10-24-60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/23/60
23c. NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery
23d. LOCATION (City, town, or county) (State): Carroll County, Mo
24. FUNERAL DIRECTOR: Gibson Funeral Home. ADDRESS: Carrollton, Mo.
25. DATE RECD. BY LOCAL REG.: 10-23-60
26. REGISTRAR'S SIGNATURE: Mrs Verbena Calvert

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

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 Ben W Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollto

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