

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-038711

FILED VS NOV 9 1960

157 Primary Registration District No. 3028 Registrar's No. 217

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jasper					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		Length of stay in 1b 50 yrs		c. CITY OR TOWN Carthage		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune-Brooks hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Route 4 Box 535		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First MIDDLE Last RUTH MARGARET SWEET				4. DATE OF DEATH Month Day Year November 2, 1960					
5. SEX female		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 3-25-1908		9. AGE (last birthday) 57 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nursing home operator			10b. KIND OF BUSINESS OR INDUSTRY nursing home		11. BIRTHPLACE (City and state or country) Alhambra, Calif.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME James A. Herron			13b. MOTHER'S MAIDEN NAME Mary Martha Shirell			14. NAME OF HUSBAND OR WIFE Everett B. Sweet			
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. 492-28-3671		17. INFORMANT Address Carthage, Mo E. B. Sweet, Rte 4 Box 535				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer, malignant lymphoma							INTERVAL BETWEEN ONSET AND DEATH 3 mo		
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) Biopsy lymph gland 9/22/60 malignant lymphoma lymphocytoid type						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 Sept 1, 1960 to Nov 2, 1960 and last saw her alive on Nov 2, 1960 Death occurred at 7:40 pm on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) George H. Wood M.D.				22b. ADDRESS 1515 Hazel, Carthage, Mo			22c. DATE SIGNED 11-3-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 11-6-60	23c. NAME OF CEMETERY OR CREMATORY Stone Cemetery		23d. LOCATION (City, town, or county) (State) Jasper County, Mo				
24. FUNERAL DIRECTOR KNELL MORTUARY			ADDRESS Carthage, Mo		25. DATE RECD. BY LOCAL REG. 11-4-60		26. REGISTRAR'S SIGNATURE Ely Clinton		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 2 1961

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 Robert H Knell

Licensed Embalmer No. 4459

P. O. Address Carthage, 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.