SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-021813
STATE FILE NUMBER

AMENDED

Registration District No. 178 Primary Registration District No. _____ Registrar's No. 49

FILED JUN 27 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY LEWIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DICKERSON TWSP. — Length of stay in 1b: 3 wks.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PRAIRIE VIEW REST HOME — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI COUNTY LEWIS
c. CITY OR TOWN WILLIAMSTOWN — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 2 mi. SW Wmstown, Mo. — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First RUBY — Middle LOUISE — Last SWEET
4. DATE OF DEATH: Month JUNE — Day 18 — Year 1961
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1/1/20
9. AGE (last birthday): 41 — 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): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: XXXXXXXXXXXXXX
11. BIRTHPLACE (City and state or country): WILLIAMSTOWN, MO.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: HURLEY MILLER
13b. MOTHER'S MAIDEN NAME: LELA HOUSE
14. NAME OF HUSBAND OR WIFE: DAVE SWEET
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): XXXXXXXXXXXX
17. INFORMANT: DAVE SWEET — Address: WILLIAMSTOWN, 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) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr. 4 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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 Feb 5, 1960 to 6-1-61 and last saw her/him alive on 6-1-61
Death occurred at 7:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John Dykstra (Degree or title) D.O.
22b. ADDRESS Canton, Mo
22c. DATE SIGNED 6-21-61

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 6/21/61
23c. NAME OF CEMETERY OR CREMATORY: DEER RIDGE
23d. LOCATION (City, town, or county) (State): DEER RIDGE, MISSOURI

24. FUNERAL DIRECTOR: Charles L. Conolly Jr. — ADDRESS: LEWISTOWN, MO.
25. DATE RECD. BY LOCAL REG.: 6-20-61
26. REGISTRAR'S SIGNATURE: Mrs. Henry Lloyd

(Licensed Embalmer's Statement on Reverse Side)

JUN 27 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 me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Charles L. Arnold Jr.

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MO.

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.