

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-028205

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 97

FILED AUG 15 1962

VS 300
Rev. 4/59

1850
2950

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4 1
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97545

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ft Leonard Wood		c. CITY OR TOWN Waynesville	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION US Army Hospital		d. STREET ADDRESS (If outside, give location) Chimney Trailer Court	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Susan A. Sweeney			4. DATE OF DEATH Month August Day 9 Year 1962
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4 Apr 62
9. AGE (last birthday) -		IF UNDER 1 YEAR Months 4 Days 3 Hours - Min. -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or country) Centerville, Illinois
12. CITIZEN OF WHAT COUNTRY USA		13. FATHER'S NAME Emery G. Sweeney	
14. MOTHER'S MAIDEN NAME Donna S. Larson		15. NAME OF HUSBAND OR WIFE -	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. SOCIAL SECURITY NO. -	
18. INFORMANT Emery G. Sweeney		Address Chimney Trl Ct Waynesville, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			
IMMEDIATE CAUSE (a) pulmonary atresia			
DUE TO (b) single ventricle			
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 6 August 1962 to 9 August 1962 and last saw ^{her} live on 9 August 1962 Death occurred at 6:20 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Stephen Adelson</i> (Degree or title) Stephen Adelson, Captain, MC		22b. ADDRESS US Army Hospital Ft. Leonard Wood, Mo	22c. DATE SIGNED 9 Aug 62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8-10-1962	23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	23d. LOCATION (City, town, or county) (State) Belleville, Ill
24. FUNERAL DIRECTOR <i>Mass-Williams</i>	ADDRESS Waynesville Mo	25. DATE RECD. BY LOCAL REG. 8-9-62	REGISTRAR'S SIGNATURE <i>Gula Mae Anderson</i>

USE BLACK INK OR TYPEWRITER RIBBON

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 Clarence Moore

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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.

Permit returned - 8/9/62