

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28643

Registration District No. 376

Primary Registration District No. 4780

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Howard - Boardman  
(b) City or town Armstrong, Mo  
(c) Name of hospital or institution: \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township) 2

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days 315

3. (a) PRINT FULL NAME Cynthia D. Sweetnam

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife Charley Sweetnam 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept. 11 1961  
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Howard Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

12. Name Baylor Spotts

13. Birthplace Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Ann Warford

15. Birthplace Howard Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lettie Shiplett

(b) Address Armstrong

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 5, 1940  
(Month) (Day) (Year)

(c) Place: burial or cremation Howard Co. Mo.

18. (a) Signature of funeral director A. H. Oldaker

(b) Address Armstrong Mo.

19. (a) 8-9-40 (Date received local registrar) (b) W. M. Dickerson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard  
(c) City or town Armstrong  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6 the year 1940 hour 9 minute 8 M.

21. I hereby certify that I attended the deceased from 24 \_\_\_\_\_, 1940, to Aug 6 \_\_\_\_\_, 1940  
that I last saw her alive on Aug 6 \_\_\_\_\_, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Cardiac Disease Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions cerebral hemorrhage 1937  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

337 \_\_\_\_\_ (Specify type of place) While at work (e) Means of injury \_\_\_\_\_

23. Signature W. M. Dickerson (M. D. or other) \_\_\_\_\_  
Address Armstrong Mo. Date signed 8/9/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impor

RECEIVED  
District Health Officer No. 8,  
District File Number 9-9-40  
Date Filed

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed R. H. Oldaker  
Licensed Embalmer No. 1667  
P. O. Address Ormonde, Md

**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 this body is not embalmed, above space should be left blank.**