

FILED AUG 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

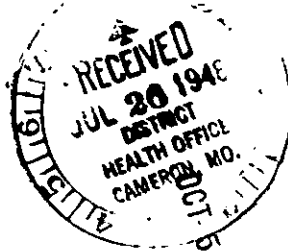
State File No. 22957

No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>99</u>		PRIMARY REG. DIST. NO. <u>4176</u>		Registrar's No. <u>32</u>	
1. PLACE OF DEATH a. COUNTY <u>Home Union Star Mo. DeKalb Co.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>DeKalb</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Union Star Mo.</u>		c. LENGTH OF STAY (in this place) <u>All Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Union Star Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>XXXXXXXXXXXXX Home</u>				d. STREET ADDRESS (If rural, give location) <u>None</u>			
3. NAME OF DECEASED (Type or Print) <u>Clyde F. Sweet</u>			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>July. 4. 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July. 29. 1878</u>	
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>5</u>		IF UNDER 24 HRS. Hours <u>5</u> Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Oil Dealer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (State or foreign country) <u>DeKalb Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Francis</u>			13b. MOTHER'S MAIDEN NAME <u>Cordelia Perkins</u>			14. NAME OF HUSBAND OR WIFE <u>Nellie May Sweet</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>443-05-6791</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nellie Sweet Union Star Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> <u>1991</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>July 1, 1949</u> , to <u>July 4, 1949</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:55A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. E. M. Reynolds, M.D.</u>				23b. ADDRESS <u>Union Star Mo.</u>		23c. DATE SIGNED <u>7.7.49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7.7.1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Star</u>		24d. LOCATION (City, town, or county) (State) <u>Union Star Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-19-49</u>		REGISTRAR'S SIGNATURE <u>Roscoe Davidson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. G. Yagard</u>		ADDRESS <u>King City Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)



SEP 21 1958

copy *Missouri State Board of Health* 1954

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.

Signed *R. G. T. [Signature]*

Signed _____
Student Embalmer

Licensed Embalmer No. **2563**

P. O. Address **King City 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 this body is not embalmed, fact should be so stated above.