

FILED AUG 30 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29096

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 129141

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Vernon</u>	
b. CITY OR TOWN <u>State Hosp</u>	c. LENGTH OF STAY (in this place) <u>1 mo 17 d</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>108</u> TOWN <u>Nevada</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp 3</u>		d. STREET ADDRESS (If rural, give location) <u>212 South Oak</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>STEVE</u>	b. (Middle)	c. (Last) <u>SWEENEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 17-1949</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>July 12, 1873</u>	9. AGE (In years last birthday) <u>76</u>	if UNDER 1 YEAR Months <u>1</u> Days <u>5</u>	if UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>f. farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Benton County Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Martin Sweeney</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Moore</u>	14. NAME OF HUSBAND OR WIFE <u>single</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>	16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hosp 3 Nevada</u>	ADDRESS <u>Nevada</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile Psychosis</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>304</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>		

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 1, 1949, to Aug 12, 1949, that I last saw the deceased alive on Aug 12, 1949, and that death occurred at 9:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul L. Barone MD</u> (Degree or title)	23b. ADDRESS <u>State Hosp 3 Nevada</u>	23c. DATE SIGNED <u>Aug 17/49</u>
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24a. BURIAL (Specify) <u>State Hosp 3</u>	24b. DATE <u>Aug 20-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>Nevada</u>
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DATE REC'D BY LOCAL REG <u>Aug 22, 1949</u>	REGISTRAR'S SIGNATURE <u>Kathryn H. Yancy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mary Geneva</u> ADDRESS <u>Home Nevada</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10800

RECEIVED

District Health Officer No. 7,

Cause File Number 7-49-1031

Date: 8-29-49

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 \_\_\_\_\_

Frances J. Lewis

Student Embalmer No. 330

working under my personal supervision.

Signed

Frances J. Lewis  
Student Embalmer

Signed

[Signature]

Licensed Embalmer No. 1760

P. O. Address Newada m.

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.