

FILED SEP 21 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **29165**

BIRTH NO. _____		REG. DIST. NO. 1	PRIMARY REG. DIST. NO. 3000	Registrar's No. 280
1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lewis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewistown		
d. FULL NAME OF HOSPITAL OR INSTITUTION Laughlin		d. STREET ADDRESS (If rural, give location) Gen. Del.		
3. NAME OF DECEASED (Type or Print) a. (First) Bessie		b. (Middle) Myrtle		c. (Last) Sweet
4. DATE OF DEATH (Month) (Day) (Year) Sept. 15, 1949				
5. SEX female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9 - 26 - 49	9. AGE (In years last birthday) 54 IF UNDER 1 YEAR: Months 11 Days 11 IF UNDER 24 HRS. 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 domestic		11. BIRTHPLACE (State or foreign country) Lewis Co Mo
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Dolph Shumate		13b. MOTHER'S MAIDEN NAME Della Roberts		14. NAME OF HUSBAND OR WIFE Mark F. Sweet
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 		17. INFORMANT'S SIGNATURE OR NAME Glen Sweet
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Arterial Vascular occlusion of abdominal arteries of unknown origin ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Coronary heart disease		INTERVAL BETWEEN ONSET AND DEATH ? 4201
19a. DATE OF OPERATION 		19b. MAJOR FINDINGS OF OPERATION 		20. AUTOPSY? YES <input checked="" 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) m. 		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 Sept 15, 1949 to Sept 15, 1949 , that I last saw the deceased alive on Sept 15, 1949 , and that death occurred at 11:36 p m. , from the causes and on the date stated above.				
23a. SIGNATURE D. T. Rhoads		23b. ADDRESS D.O. Kirksville, Mo		23c. DATE SIGNED 9-16-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-16-49		24c. NAME OF CEMETERY OR CREMATORY Dear Ridge
24d. LOCATION (City, town, or county) (State) Lewis County Mo		25. FUNERAL DIRECTOR'S SIGNATURE Rudolph Davis - Kirksville		
DATE REC'D BY LOCAL REG. 9-16-49		REGISTRAR'S SIGNATURE Kate Lambert		ADDRESS

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

SEP 19 1949

RECEIVED
District Health Officer No. 10
District File Number 9-49-163
Date Filed SEP 19 1949

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, by

Student Embalmer No. _____

working under my personal supervision.

Signed Clarence M. Billo

Signed _____
Student Embalmer

Licensed Embalmer No. 4375

P. O. Address Kidderville, 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.