

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41450

State File No. _____

BIRTH NO. _____ **REG. DIST. NO.** 107 **PRIMARY REG. DIST. NO.** 3028 **Registrar's No.** 222

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthager</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u> <u>47</u>	
c. LENGTH OF STAY (in this place) <u>25 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>519 Pine</u> <u>3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>519 Pine</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John Judge</u> b. (Middle) <u>Sweeney</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>12-8-49</u>
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>7-27-65</u>
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Buffalo, Missouri</u> <u>0</u>
			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>John Sweeney</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>none</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Minnie Brown, Carthage, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nephritis Chronica, artero</u> ANTECEDENT CAUSES DUE TO (b) <u>sclerotic.</u> DUE TO (c) <u>Uremia, Coma</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>	
		INTERVAL BETWEEN ONSET AND DEATH <u>58 1/2</u> <u>25</u> <u>10 days</u>	
19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Carthage Jasper - Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 3, 1949 9p</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Crossing Highway Struck by Car</u>	
22. I hereby certify that I attended the deceased from <u>Sept 3, 1949</u> , to <u>Dec 8, 1949</u> , that I last saw the deceased alive on <u>Dec 4, 1949</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>George H. Wood MD</u>		23b. ADDRESS <u>Carthage Mo</u>	23c. DATE SIGNED <u>Dec 9 '49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 10-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FULLERTON CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>CARTHAGE, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Dec 10-1949</u>	REGISTRAR'S SIGNATURE <u>L. B. Clinton MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ulmer, Funeral Home, Carthage, Mo</u>	ADDRESS <u>Ulmer, Funeral Home, Carthage, Mo</u>

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

Handwritten initials and scribbles

RECEIVED 12-19-49
Jasper County Health Office

County File Number 49-12-955

Date Filed 12-21-49

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.....

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed *John S. Penney*
Licensed Embalmer No. 4194
P. O. Address

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.