

FILED FEB 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4374

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 5349 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Dallas</u>	
b. CITY OR TOWN <u>Tasper</u>		c. CITY OR TOWN <u>Tasper Co 0300</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Bennetts Springs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mahela</u> b. (Middle) <u>Eveline</u> c. (Last) <u>Sweeney</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb-6-1950</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W. of</u>	8. DATE OF BIRTH <u>Sept. 25-1876</u>
9. AGE (In years last birthday) <u>73</u>		10. AGE (In years last birthday) <u>4</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Dallas Co MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>B. F. Hildebrand</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Adams</u>	
14. NAME OF HUSBAND OR WIFE <u>William Sweeney</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Oma Worland Buhl</u>		ADDRESS <u>Dallas</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis and Myocardial deficiency</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>	
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>12-14, 1949</u> , to <u>2-6, 1950</u> , that I last saw the deceased alive on <u>1-24, 1950</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>R. E. Hanel</u> (Name or title)		23b. ADDRESS <u>Lebanon, Mo</u>	
23c. DATE SIGNED <u>2-8-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb-8-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Lone Rock Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Dallas Co MO</u>	
DATE REC'D BY LOCAL REG. <u>2/18/50</u>		REGISTRAR'S SIGNATURE <u>Montgomery Vaughan</u> ADDRESS <u>Buffalo Mo</u>	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

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

RECEIVED

District Health Officer No. 7,

District File Number 1-50-83

Date Filed 2-20-50

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 Lloyd Montgomery

Licensed Embalmer No. 3592

P. O. Address Buffalo, N.Y.

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.