

FILED APR 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27777

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 380

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
a. COUNTY Buchanan			a. STATE Missouri		b. COUNTY Caldwell
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 8 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kidder 1130		
d. FULL NAME OF HOSPITAL OR INSTITUTION Mrs. Methodist Hosp			d. STREET ADDRESS (If rural, give location) 1		

3. NAME OF DECEASED (Type or Print) IRA		a. (First) M	b. (Middle)	c. (Last) SWEENEY	4. DATE OF DEATH (Month) (Day) (Year) 3 21 1950		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 12, 1881	9. AGE (In years last birthday) 69	10 UNDER 1 YEAR Months	10 UNDER 1 HR. Hours	10 UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Berlin, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George Sweeney	13b. MOTHER'S MAIDEN NAME Elizabeth Bacon	14. NAME OF HUSBAND OR WIFE Bella Sweeney
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Bella Sweeney - Kidder, Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 30 min. 8 days 3-5
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolus		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) perforation of duodenal ulcer. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		5411	

19a. DATE OF OPERATION 3-13-50	19b. MAJOR FINDINGS OF OPERATION Perforation of duodenal ulcer.	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from 3-13, 1950, to 3-21, 1950, that I last saw the deceased alive on 3-20, 1950, and that death occurred at 4:15 Am., from the causes and on the date stated above.

23a. SIGNATURE John Fogarone M.D.	(Degree or title)	23b. ADDRESS 425 N-8 St St Joseph, Mo.	23c. DATE SIGNED 3-22-50
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24a. BURIAL CREMATION REMOVAL (Specify) Removal	24b. DATE 3/22/50	24c. NAME OF CEMETERY OR CREMATORY Kidder	24d. LOCATION (City, town, or county) (State) Kidder, Mo.
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DATE REC'D BY LOCAL REG. Mar. 29, 1950	REGISTRAR'S SIGNATURE G. B. Jenkins 382	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Starkey Funeral Home - St Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Charles M. Yarnan

Licensed Embalmer No. 4487

P. O. Address St Joseph

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.