

FILED JUN 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17908

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

BIRTH NO. _____		REG. DIST. NO. <u>314</u>		PRIMARY REG. DIST. NO. <u>6064</u>		Registrar's No. <u>31</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Osceola rural</u>		c. LENGTH OF STAY (In days, place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Osceola, Missouri rural</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0930</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>RAY</u>		b. (Middle) <u>ALBERT</u>		c. (Last) <u>SWEENEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5 26 1950</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>10-24-1932</u>	
9. AGE (In years last birthday) <u>17</u>		IF UNDER 1 YEAR (Months) (Days) <u>4 2</u>		IF UNDER 4 HRS. (Hours) (Min.)		11. BIRTHPLACE (State or foreign country) <u>Osceola, Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farm labor</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Edward Sweeney</u>			13b. MOTHER'S MAIDEN NAME <u>Elsie May Drake</u>			14. NAME OF HUSBAND OR WIFE —	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edward Sweeney Osceola, 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>Gunshot wound (Accidental)</u>  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 Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>17 19</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>093</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>on farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Osceola Twp: Osceola Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5-25-50 2:30 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>22 rifle accidentally discharged</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>James B. Bradwick</u> (Degree or title)				23b. ADDRESS <u>Osceola Missouri</u>		23c. DATE SIGNED <u>5/27/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 29, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Osceola Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Osceola Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-1-1950</u>		REGISTRAR'S SIGNATURE <u>Paul H. Seavers</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J.B. Bradwick Osceola Mo.</u>			

RECEIVED 6-12-57  
District Health Officer No. 7  
District File Number 5-50-64  
Date Filed 6-12-57

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 W. B. Goodrich

Licensed Embalmer No. 3038

P. O. Address Osceola 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.