

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12101**

FILED MAY 5- 1952

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **449**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 0117	
c. LENGTH OF STAY (in this place) 15 yrs.		d. STREET ADDRESS (If rural, give location) 1514 Francis Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1514 Francis Street			

3. NAME OF DECEASED (Type or Print) a. (First) Mary	b. (Middle) Etta	c. (Last) Sweet	4. DATE OF DEATH (Month) (Day) (Year) April 20, 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH February 4, 1879	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) Wichita, Kansas.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Henry Blocker	13b. MOTHER'S MAIDEN NAME Lydia M. Malerney	14. NAME OF HUSBAND OR WIFE Guian F. Sweet
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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 Mrs. Roy Rogers	ADDRESS St. Joseph, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolus		INTERVAL BETWEEN ONSET AND DEATH 10 hours not sure
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input 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) St. Joseph, Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 2 m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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 **April 20, 1952**, to **April 20, 1952**, that I last saw the deceased alive on **April 20, 1952**, and that death occurred at **7:30 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Collis Roundy M.D. (Degree or title)	23b. ADDRESS Kirtpatrick Bldg	23c. DATE SIGNED April 22, 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 24, 1952	24c. NAME OF CEMETERY OR CREMATORY Union Star Cemetery	24d. LOCATION (City, town, or county) (State) Union, Star, Missouri.
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DATE REC'D BY LOCAL REG. April 29, 1952	REGISTRAR'S SIGNATURE Carl C. Cash	25. FUNERAL DIRECTOR'S SIGNATURE Walter Newhoffer	ADDRESS St. Joseph, Mo.
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WRITE PLAINLY—USING UNFAADING 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*****

working under my personal supervision.

Student Embalmer No.**** ****

Signed.....

Raymond W. Hershhead

Signed.....**** *****
Student Embalmer

Licensed Embalmer No. 4413 Missouri.

P. O. Address S t. Joseph, 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.