

# STANDARD CERTIFICATE OF DEATH

State File No. **25379**
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **290** PRIMARY REG. DIST. NO. **5985** Registrar's No. **86**

FILED JUL 21 1952

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b> <span style="float: right;">0850</span>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>New York</b> b. COUNTY <b>8310</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fort Leonard Wood, Mo</b>		c. LENGTH OF STAY (In this place) <b>1 hr</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>US Army Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>407 E 88th Street</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Edward</b>		b. (Middle) <b>Paul</b>	
		c. (Last) <b>Sweeney</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>July 13 1952</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married.</b>	8. DATE OF BIRTH <b>Jan 1, 1929</b>
9. AGE (In years last birthday) <b>23</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours   Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Typist-Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Bank in New York</b>	
11. BIRTHPLACE (State or foreign country) <b>New York, New York</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Paul Sweeney</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>--</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes Enl 31 July 1946</b>		16. SOCIAL SECURITY NO. <b>--</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>B J BAJORIN Major, MSC Ft. Leonard Wood, Mo</b>		ADDRESS <b>US Army Hospital</b>	
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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Subdural hemorrhage massive and sub-arachnoid hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 hours</b>	
ANTECEDENT CAUSES		DUE TO (b) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <b>Dislocation, hip, bilateral</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>085</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway 17, near Crocker, Mo</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Crocker Pulaski Missouri</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>July 13 1952 12:15 PM</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Automobile accident.</b>	
22. I hereby certify that I attended the deceased from <b>13 July 1952</b> to <b>13 July 1952</b> , that I last saw the deceased alive on <b>13 July 1952</b> and that death occurred at <b>3:10 A. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>CHARLES P MCGINTY, Capt. MC</b>		23b. ADDRESS <b>US Army Hospital Fort Leonard Wood, Missouri</b>	
		23c. DATE SIGNED <b>14 July 52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>July 14, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New York New York</b>	
24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. <b>7-14-52</b>	REGISTRAR'S SIGNATURE <b>Paula Grace Anderson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter T. Sedgwick</b> ADDRESS <b>Crocker, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7-14-52  
Pulaski County Health Officer  
File Number  
Date Filed 7-19-52

JUL 29 1952

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. ....

*Walter Wedge*

Signed

Signed.....

Student Embalmer

Licensed Embalmer No. *4265*

P. O. Address *Herin 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.