

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

No. 300
10. 48

FILED SEP 13 1952

State File No. 3710

BIRTH NO. 51759 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lee's Summit, Mo.	
c. LENGTH OF STAY (in this place) 10 Hrs		d. STREET ADDRESS (If rural, give location) 216 North Douglas	
d. FULL NAME OF HOSPITAL OR INSTITUTION Childrens Mercy Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Gale b. (Middle) Allen c. (Last) Sweet			4. DATE OF DEATH (Month) (Day) (Year) 8 18 1952			
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child	8. DATE OF BIRTH Aug. 2, 1952	9. AGE (In years last birthday) 16	IF UNDER 1 YEAR Months 16	IF UNDER 1 HRS. Hours 16 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo. Jackson		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME David SWEET	13b. MOTHER'S MAIDEN NAME Hattie Davenport	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give no. or date of service) NO	17. INFORMANT'S SIGNATURE OR NAME David D. Sweet, Lee's Summit, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 10-1
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) etiology unknown		
	DUE TO (c) See hydration		
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural	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) m.	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2 m., from the causes and on the date stated above.

23. SIGNATURE Hugh H. Owens (Degree or title)	23b. ADDRESS 1034 Rialto Bldg	23c. DATE SIGNED 8-18-52
24a. FUNERAL CREMATION (Specify) Burial	24b. DATE 8-19-1952	24c. NAME OF CEMETERY OR CREMATORY Lee's Summit,
24d. LOCATION (City, town, or county) Lee's Summit, Mo.		(State)

DATE RECD BY LOCAL REG. 8-19-52	REGISTRAR'S SIGNATURE Steraldine Holmes	FUNERAL DIRECTOR'S SIGNATURE W. J. Langford	ADDRESS Lee's Summit
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(Licensed Embalmer's Statement on Reverse Side)

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

ni 2813

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.

Not Embalmed

Student Embalmer No. _____

Student

Student Embalmer

Signed _____

W B James Ford

Licensed Embalmer No. _____

3889

P. O. Address _____

Gees Summit

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.