S. No. 300
v. 10.48

FILED AUG 4 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24084

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 254

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

1. PLACE OF DEATH
a. COUNTY Calloway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fulton
c. LENGTH OF STAY (in this place) 1 yr 27 da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hosp No 1 Fulton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Shelby
c. CITY OR TOWN Clarence
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 1020 1

3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) PIDDINGER c. (Last) SWEATMAN

4. DATE OF DEATH (Month) July (Day) 29 (Year) 1953

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH March 31 1873
9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months 3 Days 28 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Mo 0
12. CITIZEN OF WHAT COUNTRY? America

13a. FATHER'S NAME Daniel Pippinger
13b. MOTHER'S MAIDEN NAME J J Owens
14. NAME OF HUSBAND OR WIFE Walter L Sweatman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. DK
17. INFORMANT'S SIGNATURE OR NAME State Hosp't Records ADDRESS Fulton

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) Cancer of Breast

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) 170X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile dementia

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-28, 1953, *to* 7-29, 1953, *that I last saw the deceased alive on* 7-29, 1953, *and that death occurred at* 11:05 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) H J Fowler ROO MD
23b. ADDRESS Fulton Mo
23c. DATE SIGNED 7/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-1-1953
24c. NAME OF CEMETERY OR CREMATORY Maplewood
24d. LOCATION (City, town, or county) Clarence Mo. (State)

DATE REC'D BY LOCAL REG. July 30-1953
REGISTRAR'S SIGNATURE Maretta Lawrence 426
25. FUNERAL DIRECTOR'S SIGNATURE Barkelew & Hawkins ADDRESS Clarence Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James D. Davis

Licensed Embalmer No. 44

P. O. Address Shelbiana,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.