

No. 100
10.48

FILED JUN 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19973

BIRTH NO. 37802-54 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 166

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| 1. PLACE OF DEATH a. COUNTY Pulaski | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pulaski | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fort Leonard Wood | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fort Leonard Wood | |
| c. LENGTH OF STAY (in this place) 10 min | | d. STREET ADDRESS (If rural, give location) US Army Hospital | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION US Army Hospital | | | |

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|--|-------------------------------|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) Ralph b. (Middle) Nelson c. (Last) Sweeney, Jr. | | | 4. DATE OF DEATH (Month) (Day) (Year) June 13, 1954 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) - - - | 8. DATE OF BIRTH 13 June 1954 | 9. AGE (In years last birthday) 0 | IF UNDER 1 YEAR Months 0 Days 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | | 10b. KIND OF BUSINESS OR INDUSTRY None | | 11. BIRTHPLACE (State or foreign country) Missouri | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | | |

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|---|--|--|--|--|--|
| 13a. FATHER'S NAME Ralph Nelson Sweeney | | 13b. MOTHER'S MAIDEN NAME Amy Jean Archer | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. - - - - | | 17. INFORMANT'S SIGNATURE OR NAME L. A. WHITE, Capt. MSC ADDRESS US Army Hosp. Ft Leonard Wood, Mo | |

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 10 minutes |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anoxia | | |
| | ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Cephalo-Pelvic Disproportion | | |
| DUE TO (c) | | II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 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) | 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 13 June, 1954, to 13 June, 1954, that I last saw the deceased alive on 13 June, 1954, and that death occurred at 8:50 p. m., from the causes and on the date stated above.

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| 23a. SIGNATURE Wm. J. White (Degree or title) Capt. MSC | 23b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri | 23c. DATE SIGNED 14 June 54 |
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|---|-----------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE June 14 54 | 24c. NAME OF CEMETERY OR CREMATORY Crocker Memorial | 24d. LOCATION (City, town, or county) (State) Crocker, Missouri |
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|---|--------------------------------------|-----|---|
| DATE REC'D BY LOCAL REG. 6-14-53 | REGISTRAR'S SIGNATURE Cula... | 458 | 25. FUNERAL DIRECTOR'S SIGNATURE Billy J. Hodge ADDRESS Crocker, Mo |
|---|--------------------------------------|-----|---|

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6.14.54
Nebraska County Health Officer
File Number
Date Filed 6.19.54

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 *Clarence Moore*

Signed.....
Student Embalmer

Licensed Embalmer No. *4296*

P. O. Address *Waynesville, N.C.*

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.