

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 1 - 1954

State File No.

No. 300

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5946 Registrar's No. 50

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| 1. PLACE OF DEATH a. COUNTY <u>Phelps</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>New Jersey</u> b. COUNTY <u>Sussex</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural St James</u> | | c. LENGTH OF STAY (in this place) <u>- -</u> | |
| c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hamburg</u> | | d. STREET ADDRESS (If rural, give location) <u>Route 23</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hwy 68</u> | | | |

8290

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Joseph</u> | b. (Middle) <u>- -</u> | c. (Last) <u>Sweller</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>October 23, 1954</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>22 March 1923</u> | 9. AGE (In years last birthday) <u>31</u> | 10. UNDER 1 YEAR Months <u></u> Days <u></u> | 11. UNDER 1 HR. Hour <u></u> Min. <u></u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Soldier</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>US Army</u> | 11. BIRTHPLACE (State or foreign country) <u>New Jersey (McAfee)</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Louis Sweller, Sr</u> | 13b. MOTHER'S MAIDEN NAME <u>Anna Helen (Unknown)</u> | 14. NAME OF HUSBAND OR WIFE <u>Genevieve E. Sweller</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 26 Jan 51 to date</u> | 16. SOCIAL SECURITY NO. <u>Unknown</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>L.A. White, Capt, MSC</u> | ADDRESS <u>US Army Hospital Ft Leonard Wood, Mo.</u> |
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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. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Extensive laceration right cerebral hemisphere and base of brain</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>Instantaneous</u> |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Extensive skull fractures</u> | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fractured jaw, left femur, ribs (multiple) Ruptured liver, spleen, right kidney</u> | | |

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| 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) <u>Accident</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 68</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4.2 miles S of St James Phelps Missouri</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 23 54 8:15 p.m.</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Automobile accident</u> |
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22. I hereby certify that I attended the deceased on 24 Oct 19 54, ~~on~~ at 8:15 p.m., ~~on~~ from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Nathan Heard</u> (Degree or title) <u>Captain, MC</u> | 23b. ADDRESS <u>US Army Hospital Fort Leonard Wood, Missouri</u> | 23c. DATE SIGNED <u>25 Oct 54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>Oct 25 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY, <u>UNKNOWN</u> | 24d. LOCATION (City, town, or county) (State) <u>Franklin Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>Oct 26-1954</u> | REGISTRAR'S SIGNATURE <u>Ruth D. Powell</u> | 52. EMBALMER'S SIGNATURE <u>Franklin</u> | ADDRESS <u>Cracker</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

County File Number
Date Filed 10-29-1954

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Clarence E. Moss

Licensed Embalmer No. 4896

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.