

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21859

State File No.

FILED AUG 1 - 1955

BIRTH NO. 43202-55 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 638

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>24</u> hours	c. CITY OR TOWN <u>Springfield</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>636 Ildereen</u>		03960	
3. NAME OF DECEASED (Type or Print) a. (First) <u>(MALE INFANT)</u> b. (Middle) c. (Last) <u>SWEET</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 24, 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>July 23, 1955</u>
9. AGE (In years last birthday) Months Days Hours Min. <u>24</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10a. <u></u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Springfield, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Robert H. Sweet</u>		13b. MOTHER'S MAIDEN NAME <u>Pauline Cochran</u>	
14. NAME OF HUSBAND OR WIFE <u></u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u></u>	
16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert H. Sweet, Springfield, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u></u> *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Heart Malformation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u>7544</u> 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 type="checkbox"/> NO <input checked="" 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 <u>July 23, 1955</u> , to <u>July 24, 1955</u> , that I last saw the deceased alive on <u>July 23, 1955</u> , and that death occurred at <u>4:00a m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>X Paul Busiel M.D.</u>		23b. ADDRESS <u>609 Cherry St, Springfield, Mo</u>	23c. DATE SIGNED <u>7/25/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/26/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u></u>	24d. LOCATION (City, town, or county) (State) <u>Miller, Missouri</u>
DATE REC'D BY LOCAL REG. <u>7-28-55</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Morris - Serman Funeral Home Miller, Mo. W.S.</u>	

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

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address

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

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