

FILED MAY 7 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12295

BIRTH NO.		REG. DIST. NO. 15		PRIMARY REG. DIST. NO. 3004		Registrar's No. 36				
1. PLACE OF DEATH a. COUNTY Barton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Barton		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lamar			c. LENGTH OF STAY (in this place) 2 weeks		c. CITY OR TOWN Lamar		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Potts Nursing Home				e. STREET ADDRESS (if rural, give location) Route 2				0060		
3. NAME OF DECEASED (Type or Print)		a. (First) HIRAM		b. (Middle) M.		c. (Last) SWEENEY		4. DATE OF DEATH (Month) (Day) (Year) May 3, 1956		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 28, 1877		9. AGE (In years last birthday) 79		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer, Ret.		10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (City and State or Foreign Country) Nebraska		12. CITIZEN OF WHAT COUNTRY? U. S. A.				
13a. FATHER'S NAME Hiram Logan Sweeney			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Rosa Helen Sweeney				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 492-42-8359		17. INFORMANT'S SIGNATURE OR NAME Mr. Bruce Sweeney,		ADDRESS Lamar, Mo.				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Terminal Pneumonia and acute arthritis						INTERVAL BETWEEN ONSET AND DEATH 2 days years 2 Wks		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X						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 Feb 1954 to May 3, 1956 that I last saw the deceased alive on May 3, 1956, and that death occurred at 11:00 pm from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) C Herbert M. Donald - M.D.				23b. ADDRESS Lamar, Mo				23c. DATE SIGNED 5-3-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 5, 1956		24c. NAME OF CEMETERY OR CREMATORY Eads Cemetery		24d. LOCATION (City, town, or county) (State) Eads, Colorado				
DATE REC'D BY LOCAL REG. MAY 4 - 1956		REGISTRAR'S SIGNATURE Marie Konant			25. FUNERAL DIRECTOR'S SIGNATURE CHILES FUNERAL HOME,		ADDRESS Lamar, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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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..... *James H. Child* .....

Licensed Embalmer No. *34*.....

P. O. Address *Sumner, Va.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.