

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **21019**

0520

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 5612 Registrar's No. 41

|  |                               |  |  |
|--|-------------------------------|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>KNOX</u>   |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>KNOX</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edina (RURAL)</u>  |                               | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edina (RURAL)</u>  |  |
| c. LENGTH OF STAY (in this place) <u>52 yrs</u>  |                               | d. STREET ADDRESS (If rural, give location) <u>South</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION  |                               | d. STREET ADDRESS  |  |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Catherine Elizabeth</u> b. (Middle) <u>Sweetman</u> c. (Last) <u>Sweetman</u>  |                               | 4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 8 1956</u>   |  |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>  | 8. DATE OF BIRTH <u>Feb 23, 1861</u>                             |
| 9. AGE (In years last birthday) <u>95</u>  |                               | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>                              | 11. BIRTHPLACE (State or foreign country) <u>West Point Iowa</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>  |                               | 13a. FATHER'S NAME <u>Henry Rekus</u>  |  |
| 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Palmiller</u>   |                               | 14. NAME OF HUSBAND OR WIFE <u>James Sweetman</u>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>   |                               | 16. SOCIAL SECURITY NO. <u>NONE</u>  |  |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Henry Sweetman</u>  |                               | ADDRESS <u>Edina Mo.</u>   |  |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death.  |                               | MEDICAL CERTIFICATION  |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>MEDULLARY FAILURE</u>   |                               | INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>  |  |
| ANTECEDENT CAUSES DUE TO (b) <u>Thrombotic Encephalomalacia</u>  |                               |  |  |
| DUE TO (c) <u>ARTERIOSCLEROSIS</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 <u>332x</u>   |  |
| 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>JAN. 10</u> , 19 <u>53</u> to <u>7-7</u> , 19 <u>56</u> that I last saw the deceased alive on <u>7-7</u> , 19 <u>56</u> and that death occurred at <u>11:00 A.M.</u> , from the causes and on the date stated above. |                               |  |  |
| 23. SIGNATURE (Degree or title) <u>Glenn L. ...</u>  |                               | 23b. ADDRESS <u>Edina Mo</u>   |  |
| 23c. DATE SIGNED <u>7-9-56</u>   |                               |  |  |
| 24a. DATE <u>JULY 14, 1956</u>   |                               | 24b. NAME OF CEMETERY OR CREMATORY <u>St. Joseph's Cemetery</u>  |  |
| 24c. LOCATION (City, town, or county), (State) <u>Edina MISSOURI</u>   |                               |  |  |
| 24d. DATE REC'D BY LOCAL REG. <u>July 9-56</u>   |                               | 24e. REGISTRAR'S SIGNATURE <u>Helle A. Hunselt</u>   |  |
| 24f. FUNERAL DIRECTOR'S SIGNATURE <u>Paul C. Kuegler</u>   |                               | ADDRESS <u>Edina Mo.</u>   |  |

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(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 embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed *Paul C. Krieghauser*

Licensed Embalmer No. *4085*

P. O. Address *Edina Mo.*

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.