

THE DIVISION OF HEALTH OF MISSOURI
FILED AUG 16 1956 STANDARD CERTIFICATE OF DEATH

State File No. 26758

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 75

1. PLACE OF DEATH
a. COUNTY Iron

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY Iron

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Arcadia

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Arcadia 0470

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION The Home for Aged Baptists

d. STREET ADDRESS (If rural, give location) 1 1/2 mi. E. on Highway 70

3. NAME OF DECEASED
a. (First) Lucy b. (Middle) Maud c. (Last) Sweet

4. DATE OF DEATH (Month) (Day) (Year) Aug. 5 1956

5. SEX F

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH Aug. 3, 1890

9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper

10b. KIND OF BUSINESS OR INDUSTRY -----

11. BIRTHPLACE (State or foreign country) Villa Ridge, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John Seth Sweet

13b. MOTHER'S MAIDEN NAME Mary Barnes

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dolores Weiss Ironton, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARTERIOSCLEROTIC HEART DISEASE

ANTECEDENT CAUSES
Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. MULTIPLE SCLEROSIS

INTERVAL BETWEEN ONSET AND DEATH 1 Year

15 Years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4200

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JULY 20, 1956, to AUG 5, 1956, that I last saw the deceased alive on AUG 2, 1956, and that death occurred at 8:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Marvin C. Meune, M.D.

23b. ADDRESS Ironton, Mo.

23c. DATE SIGNED 8-7-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 8-7-56

24c. NAME OF CEMETERY OR CREMATORY HOME CEMETERY

24d. LOCATION (City, town, or county) (State) IRONTON Mo.

DATE REC'D BY LOCAL REG. 8-11-56 REGISTRAR'S SIGNATURE Mrs. Aris Jones

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WHITE FUNERAL HOME

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

106 29 1956

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 *Archie White*

Licensed Embalmer No. *3012*

P. O. Address *Denton, Miss*

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.