

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 15 1960

-60-002848

Registration District No. 276 Primary Registration District No. 4410 Registrar's No. 6

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. James</u>		Length of stay in 1b <u>6 yrs.</u>	c. CITY OR TOWN <u>ST. James</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Soldiers Home Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>✓</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Elsie</u> Middle <u>N.</u> Last <u>Sweeney</u>			4. DATE OF DEATH Month <u>2</u> Day <u>5</u> Year <u>'60</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-23-1883</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	9. AGE (last birthday) <u>76</u> IF UNDER 1 YEAR Days <u>2</u> IF UNDER 24 HR Hours <u>   </u> Min. <u>   </u>
13a. FATHER'S NAME <u>Do NOT KNOW</u>		13b. MOTHER'S MAIDEN NAME <u>Do NOT KNOW</u>	11. BIRTHPLACE (City and state or country) <u>Missouri</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>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
17. INFORMANT <u>Soldiers Home office</u>		14. NAME OF HUSBAND OR WIFE <u>David Sweeney</u> Address <u>ST. James, MO</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary occlusion  
DUE TO (b) Arteriosclerosis  
DUE TO (c)    

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED?  
YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour     a.m.     p.m.  
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION  
COUNTY STATE

21: I attended the deceased from July 29-1954 to Feb 5-1960 and last saw her alive on Feb 5-1960  
Death occurred at 6 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title)  
J. H. Grosekretz M.D.

22b. ADDRESS  
St. James Mo

22c. DATE SIGNED  
2-6-'60

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

23b. DATE  
2-8-'60

23c. NAME OF CEMETERY OR CREMATORY  
Mt. Auburn Cem.

23d. LOCATION (City, town, or county) (State)  
ST. Joseph MO.

24. FUNERAL DIRECTOR  
Siddons Funeral Home - ST. Joseph, Mo

25. DATE RECD. BY LOCAL REG.  
2-6-1960

26. REGISTRAR'S SIGNATURE  
Ruth B. Powell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

FEB 29 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Orrel E. Lickhile

Licensed Embalmer No. 354

P. O. Address St. James

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