

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-014653

FILED VS MAY 9 1960

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 79 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Cooper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boonville		Length of stay in 1b 28 yrs	c. CITY OR TOWN Boonville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) MTS Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First PATRICK Middle DAVID Last SWEENEY			4. DATE OF DEATH Month May Day 6 Year 1960		
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/26/90	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Superintendent		10b. KIND OF BUSINESS OR INDUSTRY Mo. Training School	11. BIRTHPLACE (City and state or country) Clifton City, Mo.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Dennis Sweeney		13b. MOTHER'S MAIDEN NAME Mary Ann Molleneau		14. NAME OF HUSBAND OR WIFE Rosemary Stretz Sweeney	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. unknown	17. INFORMANT Address Mrs P. D. Sweeney Boonville, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adenocarcinoma stomach with metastasis to liver & brain		INTERVAL BETWEEN ONSET AND DEATH 13 mths
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 12-7-59 to 5-6-60 and last saw him ^{XX} alive on 5-6-60
Death occurred at 7:15 P.M., 5-6-60 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Death or file) <i>William A. Abel, MD</i>		22b. ADDRESS 329 Main St. Boonville, Mo.		22c. DATE SIGNED 5-7-60
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE May 9/1960	23c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul's Cem	23d. LOCATION (City, town, or county) (State) Boonville, Mo.	
24. FUNERAL DIRECTOR B. W. Thacher Boonville, Mo.		25. DATE RECD. BY LOCAL REG. 5/7/60	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

MAY 27 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 _____

Signed Berry W. Shacker

Signature of Student Embalmer

Licensed Embalmer No. 3944

P. O. Address Dunsmuir

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.