

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003325

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 311 Primary Registration District No. 4456 Registrar's No. 2

STATE FILE NUMBER

AMENDED

FILED JAN 10 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>ST. CLAIR</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Appleton City, Mo</u>	a. STATE <u>Kans</u>	b. COUNTY <u>Miami</u>
Length of stay in lb <u>2 yr</u>		c. CITY OR TOWN <u>Paola</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		d. STREET ADDRESS	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <u>HERMAN</u>	Middle <u>LAMIT</u>	Last <u>SWEETS</u>	4. DATE OF DEATH	Month <u>Jan</u>	Day <u>6</u>	Year <u>1962</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>wh</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 8-95</u>	9. AGE (last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>28</u>	IF UNDER 24 HR Hours <u>28</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>concrete contractor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Montrose Mo.</u>	11. BIRTHPLACE (City and state or country) <u>USA</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Alonso Sweets</u>	13b. MOTHER'S MAIDEN NAME <u>Charlotte Sutton</u>	14. NAME OF HUSBAND OR WIFE <u>Paola Sweets</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT <u>Paola Sweets</u>	Address <u>Appleton City, Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>
IMMEDIATE CAUSE (a) <u>CARCINOMA PROSTATE</u>		
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
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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.)
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20c. TIME OF INJURY Hour <u>7:30</u> a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from 1958 to Jan 6 1962 and last saw him alive on Jan 5 1962
Death occurred at 7:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE <u>R.H. Braunschweiger MD</u>	(Degree or title)	22b. ADDRESS <u>Appleton City, Mo.</u>	22c. DATE SIGNED <u>Jan 8 1962</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>1-10-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Appleton City</u>	23d. LOCATION (City, town, or county) (State) <u>Appleton City, Mo.</u>
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24. FUNERAL DIRECTOR <u>Osceola Eckhoff</u>	ADDRESS <u>Appleton City, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Jan. 8, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Clara Abney</u>
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF
 ITEM NO.

FEB 19 1962

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 Oscar Eckhoff

Licensed Embalmer No. 3942

P. O. Address Appleton City

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.