

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-028696

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4250 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

VS 300
Rev. 4/59

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AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED AUG 14 1963

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Length of stay in 1b 70 yrs | c. CITY OR TOWN Kansas City 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. Mary's Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 5430 Harrison Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First FRANK Middle B. Last SWEENEY | | | 4. DATE OF DEATH Month 7 - Day 26 - Year 1963 |
| 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- 11-20-1889 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner | | 10b. KIND OF BUSINESS OR INDUSTRY Automotive School | 9. AGE (last birthday) 73 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HR: Hours _____ Min. _____ |
| 11a. FATHER'S NAME John M. Sweeney | | 11b. MOTHER'S MAIDEN NAME Mary Ann O'Connell | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
| 13a. FATHER'S NAME John M. Sweeney | | 13b. MOTHER'S MAIDEN NAME Mary Ann O'Connell | |
| 14. NAME OF HUSBAND OR WIFE Marie Sweeney | | 17. INFORMANT Marie Sweeney Address Home | |
| 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. None | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio sclerosis heart disease with acute infarction DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH 3 hrs |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic bronchitis with emphysema | | | 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. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 Jan 1956 to July 26, 1963 and last saw him alive on July 22, 1963 Death occurred at 305 p on the date stated above, and to the best of my knowledge from the causes stated. | | | |
| 22a. SIGNATURE <i>[Signature]</i> | | (Degree or title) Mr. D. | 22b. ADDRESS Kansas City, Mo. |
| 22c. DATE SIGNED 7/27/63 | | 22d. STATE Missouri | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 7-29-1963 | 23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery | 23d. LOCATION (City, town, or county) Kansas City, Missouri |
| 24. FUNERAL DIRECTOR Mellody-McGilley-Eylar | | ADDRESS 20 W. Linwood K.C. 11, Mo. | 25. DATE RECD. BY LOCAL REG. 7-29-63 |
| 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> | | | |

USE BLACK INK OR TYPEWRITER RIBBON

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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 *Blair G. Dickerson*

Licensed Embalmer No. 5120

P. O. Address EC 11, MD.

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.