

FILED JUN 26 1948

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 21861

Registration District No. 4452 326

Primary Registration District No. 4481

Registrar's No.

## 1. PLACE OF DEATH:

(a) County Scotland  
 (b) City or town Gorin, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

## 3. (a) PRINT

FULL NAME Everett Elloit Swearingen

3. (b) If veteran,

name war \_\_\_\_\_

3. (c) Social Security

No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Arlena Swearingen 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased April 13 1884  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 11 12 hr. min.

9. Birthplace Knox City Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Day laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Woodward Swearingen  
 13. Birthplace Bourbore County Ky.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Talitha Saling  
 15. Birthplace Scotland Co., Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Arlena Swearingen  
 (b) Address Gorin, Mo.

17. (a) Burial (b) Date thereof Mar ch 28 48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gorin Cemetery18. (a) Signature of funeral director Gertrude Beck(b) Address Myrtle Mo

19. (a) 6/24/48 (b) 6/24/48  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scotland  
 (c) City or town Gorin Mo 99  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
 (If rural, give location)  
 (e) Citizen of foreign country? No  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 25 day March  
 year 1948 hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from 1st 1948 to 21st 1948  
 that I last saw him alive on 21st March 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death

Interstitial Nephritis and Hepatic

Duration

2 years

Due to Mitral Regurgitation  
 Due to \_\_\_\_\_

Other conditions  
 (Include pregnancy within 3 months of death)

Major findings:

Of operations ✓Of autopsy ✓

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature F M Johnson (M. D. or other) M.D.  
 Address Gorin Mo Date signed 6-22-48

JUL 27 1944

RECEIVED  
District Health Officer No. 1  
District File Number 6-48-11  
Date Filed JUN 26 1943

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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Geo. V. Bonkett  
Licensed Embalmer No. 1817  
P. O. Address Myersdale,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

JUN 26 1943