

FILED FEB 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7007
 BIRTH NO. _____ REG. DIST. NO. 87 PRIMARY REG. DIST. NO. 3017 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>COOPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before death) a. STATE <u>MISSOURI</u> b. COUNTY <u>MONITEAU</u>	
b. CITY OR TOWN <u>BOONVILLE</u>		c. CITY OR TOWN <u>CLARKSBURG</u>	
c. LENGTH OF STAY (In this place) <u>6 WEEKS</u>		d. STREET ADDRESS (If rural, give location) <u>NONE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ALEX VAN RAVENSWAY</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LUCILLE</u> b. (Middle) <u>SWINNEY</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 29 49</u>		
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>7-24-1910</u>	9. AGE (In years last birthday) <u>38</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MINS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (State or foreign country) <u>MONITEAU-60-MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>AMERICA</u>
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13a. FATHER'S NAME <u>CHARLES SWINNEY</u>	13b. MOTHER'S MAIDEN NAME <u>DOSIA RENSRAW</u>	14. NAME OF HUSBAND OR WIFE <u>FRANCES MANESS-CLARKSBURG MO</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) <u>NO</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>FRANCES MANESS-CLARKSBURG MO</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chorioepithelioma of uterus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1948</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>See above. Hysterectomy performed</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Boonville Cooper MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 1, 1949, to Jan 20, 1949; that I last saw the deceased alive on Jan 19, 1949, and that death occurred at 4:21 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Alex Van Ravensway MD</u>	(Degree or title)	23b. ADDRESS <u>Boonville, Mo</u>	23c. DATE SIGNED <u>Jan 20, 49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-22-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CLARKSBURG</u>	24d. LOCATION (City, town, or county) (State) <u>Clarksburg MO</u>
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DATE REC'D BY LOCAL REG <u>Jan 24-49</u>	REGISTRAR'S SIGNATURE <u>D. Cooper</u>	381	25. FUNERAL DIRECTOR'S SIGNATURE <u>James E. Richardson</u>	ADDRESS <u>Lipton MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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1
2

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-10-49

FEB 11 1949

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~~

James M. Foley

Student Embalmer No. 219

working under my personal supervision.

Student James M. Foley
Student Embalmer

Signed James E. Richards

Licensed Embalmer No. 2466

P. O. Address Lipton, Mo

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