

No. 300
10.48

FILED MAR 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8857

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BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 9001 Registrar's No. 122

1. PLACE OF DEATH a. COUNTY <u>Nasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Naplin</u>		c. LENGTH OF STAY (in this place) <u>49 yrs.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Naplin</u>		d. STREET ADDRESS (If rural, give location) <u>2605 Naplin St</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>Leota</u> c. (Last) <u>Swift</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 13 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 19 - 1870</u>
9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, exempt if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Clinton Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>No Record</u>	13b. MOTHER'S MAIDEN NAME <u>No Record</u>	14. NAME OF HUSBAND OR WIFE <u>Nathan Swift (deceased)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Nimmie Swift</u> ADDRESS <u>2605 Naplin St</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cerebral Hemorrhage</u> <u>Hypertension</u> <u>Carcinoma of Uterus</u>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Carcinoma of Uterus</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 days</u> <u>4 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>174X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Nov. 1948</u> , to <u>Mar 13, 1949</u> , that I last saw the deceased alive on <u>Mar 13, 1949</u> , and that death occurred at <u>2:10 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. O. Martin, D.O.</u>		23b. ADDRESS <u>Naplin, Mo.</u>	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/15/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Osborne Mem Ceme</u>	24d. LOCATION (City, town, or county) (State) <u>Naplin Mo.</u>
DATE REC'D BY LOCAL REG. <u>3-14-49</u>	REGISTRAR'S SIGNATURE <u>Edw. James</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Glauert</u>	ADDRESS <u>Naplin Mo.</u>

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed.....

Dale Glover

Signed.....
Student Embalmer

Licensed Embalmer No.

4593

P. O. Address.....

Joplin, 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.