

FILED MAY 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11469

State File No.

BIRTH NO.		REG. DIST. NO. <u>31</u>		PRIMARY REG. DIST. NO. <u>5106</u>		Registrar's No. <u>21</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Benton</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WARSAW (Cole Township)</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Benton</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WARSAW RR 3 (West Cole Township)</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WARSAW RR 3 (West Cole Township)</u>		d. STREET ADDRESS (If rural, give location) <u>5 miles of Rock Hill</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>5 miles of Rock Hill</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>TOBIAS</u>			b. (Middle) <u>(None)</u>			c. (Last) <u>SWERNGIN</u>	
a. (First) <u>TOBIAS</u>			b. (Middle) <u>(None)</u>			c. (Last) <u>SWERNGIN</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>April 26, 1949</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>Feb. 1 1874</u>		9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	
11. BIRTHPLACE (State or foreign country) <u>Benton County</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Newton S Swerngin</u>		13b. MOTHER'S MAIDEN NAME <u>Erenia Faler</u>	
14. NAME OF HUSBAND OR WIFE <u>Francis Swerngin</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way of dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Francis Swerngin</u>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis</u>					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		592X	
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			
22. I hereby certify that I attended the deceased from <u>Oct</u> , 1948, to <u>Apr 26</u> , 1949, that I last saw the deceased alive on <u>Apr 6</u> , 1949, and that death occurred at <u>11:45 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm. A. M. W.</u>				23b. ADDRESS <u>Warsaw, Mo.</u>		23c. DATE SIGNED <u>4-26-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 28, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pleasant</u>		24d. LOCATION (City, town, or county) (State) <u>Benton County</u>	
DATE REC'D BY LOCAL REG. <u>4-28-49</u>		REGISTRAR'S SIGNATURE <u>E. L. Eich</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Reser</u>		ADDRESS	

(Licensed Embalmer's State Seat on Reverse Side)

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

RECEIVED

District Health Officer No. 7

District File Number 4-49-50

Date Filed 5-5-49

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 _____

John F. Riser

Licensed Embalmer No. 4098

P. O. Address Wassau

Signed _____
Student Embalmer

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.