

FILED JAN 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40851

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1170

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>630 W. Chestnut</u>		d. STREET ADDRESS (If rural, give location) <u>630 West Chestnut</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elsie</u> b. (Middle) <u>MABEL</u> c. (Last) <u>SWEARENGIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 30 1949</u>			
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Dec 15-1893</u>	9. AGE (In years last birthday) <u>66</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, even if retired) <u>House Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Samuel H Roberts</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda Haden</u>		14. NAME OF HUSBAND OR WIFE <u>Wood Swearingin</u>	
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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Evans H Swearingin</u> ADDRESS <u>1720 Hovey St</u>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 year.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>C. A. of breast with metastasis to lung</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>172A</u>		

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)
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 12-6-1949 to 12-30-1949, that I last saw the deceased alive on Dec 30, 1949, and that death occurred at 6 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. E. Fellen M.D.</u>	23b. ADDRESS <u>609 Cherry Springfield Mo</u>	23c. DATE SIGNED <u>12-31-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-2-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Chapel</u>
24d. LOCATION (City, town, or county) (State) <u>South of Fordland Mo</u>		

DATE REC'D BY LOCAL REG. <u>1-4-50</u>	REGISTRAR'S SIGNATURE <u>W. J. Handley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kelley-Lerrell-Bergman</u> ADDRESS <u>Fordland Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

576  
1379

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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 .....  
Student Embalmer

Signed K. K. Kelley.....

Licensed Embalmer No. 3334.....

P. O. Address Fondland, 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.