

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21-7115 B 3824
State File No.

FILED MAR 8 1950

BIRTH NO. _____ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 5090 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>BATES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BATES</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PAPINSVILLE-PRAIRIETWP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PAPINSVILLE-PRAIRIETWP</u>	
c. LENGTH OF STAY (In this place) <u>70 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>10 MI EAST RICH HILL, MO. RD 0670</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PRAIRIE TWP.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM ALBERT</u> b. (Middle) <u>SWARENS,</u> c. (Last) <u>SWARENS,</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB-27-1950</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOV-1-1872</u>
9. AGE (In years last birthday) <u>77.</u>		10. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	11. BIRTHPLACE (State or foreign country) <u>HAMBURG-ILLINOIS</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>UNKNOWN</u>	
13b. MOTHER'S MAIDEN NAME <u>UNKNOWN.</u>		14. NAME OF HUSBAND OR WIFE <u>MARY ELLEN SWARENS.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NAME.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Lewis Foster Mrs.</u> ADDRESS _____			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) <u>Malignant Hypertension</u> DUE TO (c) <u>Chromocytomatosis</u> II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile Change (Arteriosclerosis)</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
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) _____		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>Feb. 20th, 1950</u> , to <u>Feb 27th, 1950</u> , that I last saw the deceased alive on <u>Feb 27th, 1950</u> , and that death occurred at <u>1:40 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>T. R. M. Bee</u> (Degree or title) <u>V. A. O.</u>		23b. ADDRESS <u>Ek. Bldg Rich Hill Mo.</u>	
23c. DATE SIGNED <u>2-2-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MARCH-24-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>PAPINSVILLE</u>		24d. LOCATION (City, town, or county) (State) <u>BATES COUNTY - MO.</u>	
DATE REC'D BY LOCAL REG. <u>Mar 3, 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. Edna Douglas Booth</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Booth Funeral</u>		ADDRESS <u>Rich Hill</u>	

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

0070

RECEIVED
District Health Officer No. 7,
District File Number 2-50-179
Date Filed 3-7-50

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 John G Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.