

No. 300
10-48

FILED JUL 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

0340 1.9829
State File No.

BIRTH NO. _____ REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 5411 Registrar's No. 39

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|--|--|-----------------------------------|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Douglas Co.</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Spencer town.</u> | | c. LENGTH OF STAY (In this place) | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Spencer township</u> | | d. STREET ADDRESS (If rural, give location) <u>Rural, Spencer township</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Seymour R.R. 4</u> | | | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u> b. (Middle) <u>Jane</u> c. (Last) <u>Swearingin</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>6 12 1950</u> | | |
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| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>12-6-1868</u> | 9. AGE (In years last birthday) <u>81</u> | IF UNDER 1 YEAR Months <u>6</u> Days <u>6</u> | IF UNDER 18 HRS. Hours <u></u> Min. <u></u> |
|-----------------|---------------------------|---|-----------------------------------|---|---|---|

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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>Own Home</u> | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
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| 13a. FATHER'S NAME <u>Harvey Hays</u> | 13b. MOTHER'S MAIDEN NAME <u>Jane Butler</u> | 14. NAME OF HUSBAND OR WIFE <u>James Swearingin</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. <u>-</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Louis Swearingin</u> ADDRESS <u>Seymour Rt. 4</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Auricular Fibrillation</u> | | DUE TO (b) <u>Acute Myocardial Failure</u> | | <u>4331</u> |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) <u>Senility</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. | | <u>None</u> | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) |
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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 May 15, 1950 to June 12, 1950, that I last saw the deceased alive on June 10, 1950, and that death occurred at 5 P. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>D. R. Schultz M.D.</u> (Degree or title) | 23b. ADDRESS <u>Forland, Mo.</u> | 23c. DATE SIGNED <u>6/13/50</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>6/15/50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Union Chapel</u> | 24d. LOCATION (City, town, or county) (State) <u>Forland Rural, MO</u> |
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| DATE REC'D BY LOCAL REG. <u>6-20-50</u> | REGISTRAR'S SIGNATURE <u>Uestal Bushman Kelly</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Ferrell Bergman</u> ADDRESS <u>Forland Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

0340

650-722

DISTRICT HEALTH OFFICE #6
MONETT, MISSOURI

REC JUN 28 1950

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 K. K. Kelley.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3334.....

P. O. Address Farmland 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.