

STANDARD CERTIFICATE OF DEATH

37635

No. 300
10. 48

FILED DEC 7 1950

State File No.

550

BIRTH NO. _____ REG. DIST. NO. 176 PRIMARY REG. DIST. NO. 565-C Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY OR TOWN <u>Ash Grove R.R. Ozark</u>		c. CITY OR TOWN <u>Ash Grove</u> <u>OZARK MO</u>	
c. LENGTH OF STAY (In this place) <u>Native</u>		d. STREET ADDRESS (If rural, give location) <u>R.R.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Hannah</u> b. (Middle) <u>Abigail</u> c. (Last) <u>Swinney</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-4-1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>10-2-1869</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Days <u>0</u> IF UNDER 24 HRS. Hours <u>2</u> 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>Greene Co. MO</u>		11. BIRTHPLACE (State or foreign country) <u>Native</u>	
12. CITIZEN OF WHAT COUNTRY? <u>Native</u>					

13a. FATHER'S NAME <u>Joseph Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah Catter</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lloyd Swinney Ash Grove Mo</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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, type undetermined</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> <u>1998</u> <u>6 mo.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac failure</u>		

19a. DATE OF OPERATION <u>None</u>	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) 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 Nov., 1949, to 10/4, 1950, that I last saw the deceased alive on 9/26, 1950, and that death occurred at 11-55 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. J. Weaver (M.D.)</u>		23b. ADDRESS <u>MT. Vernon</u>		23c. DATE SIGNED <u>10/7/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-4-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Johns Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>South of Ash Grove Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-10-50</u>	REGISTRAR'S SIGNATURE <u>W. S. Bristow</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. R. Lemon Miller Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED NOV 30 1950

Dist. File 1250-2389

Date Filed 12-5-50

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 _____

S. P. Seiman

Licensed Embalmer No. 3297

P. O. Address Miller 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.