

FILED DEC 5 1950

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

38129

BIRTH NO. _____		REG. DIST. NO. <u>297</u>		PRIMARY REG. DIST. NO. <u>3057</u>		Registrar's No. <u>67</u>	
1. PLACE OF DEATH a. COUNTY <u>Ray</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond</u>		c. LENGTH OF STAY (In this place) <u>10 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond</u>		d. STREET ADDRESS (If rural, give location) <u>W. Lexington St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>W. Lexington St.</u>				d. STREET ADDRESS (If rural, give location) <u>W. Lexington</u>			
3. NAME OF DECEASED (Type or Print) <u>Sarah</u>		a. (First)		b. (Middle)		c. (Last) <u>Swancey</u>	
4. DATE OF DEATH <u>Nov. 23 1950</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>May 15, 1877</u>		9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>8</u>		IF UNDER 1 HR. Hours <u>14</u> Min. <u>31</u>	
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 -----		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Commodore Spence</u>		13b. MOTHER'S MAIDEN NAME <u>Lettie Cox</u>		14. NAME OF HUSBAND OR WIFE <u>J.S. Swancy</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -----		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME <u>Amy Tindall Fayette, Missouri</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Exposure to freezing temperatures</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Cerebral hemorrhage</u> DUE TO (c) ----- II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>14 hours</u> <u>14 hours</u> <u>331X</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) (Minute)		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>11-23</u> , 19 <u>50</u> , to <u>11-23</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Nov. 23, 1950</u> , and that death occurred at <u>8 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Delwin L. Prosterman, M.D.</u>				23b. ADDRESS <u>Richmond, Mo.</u>		23c. DATE SIGNED <u>11-28-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-28-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunny Slope</u>		24d. LOCATION (City, town, or county) (State) <u>Richmond Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Nov 29 1950</u>		REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u> <u>273</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas J. Carter</u>		ADDRESS <u>Richmond, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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DEC 13 1950

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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..... *Thomas J. Carter* .....

Licensed Embalmer No. *4474* .....

P. O. Address..... *Richmond, 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.