

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4079

0164
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FILED MAR 7 1951

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Florida</u> b. COUNTY <u>Bay</u>	
b. CITY OR TOWN <u>Cape Girardeau</u>		c. CITY OR TOWN <u>Panama City</u>	
c. LENGTH OF STAY (In this place) <u>1 week</u>		d. STREET ADDRESS (If rural, give location) <u>Gen. Del. St. Andrew, Florida</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Marian</u> b. (Middle) <u>Vernon</u> c. (Last) <u>Swank</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 23, 1951</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>Jan. 26, 1900</u>
9. AGE (In years last birthday) <u>51</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Civil Service</u>	11. BIRTHPLACE (State or foreign country) <u>Lusk Chapel, Scott County, Mo</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>Benjamin Moore Swank</u>		13b. MOTHER'S MAIDEN NAME <u>Mahala Mosley</u>	14. NAME OF HUSBAND OR WIFE <u>Kathryn Shelby Swank</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>Yes World War #2</u>		16. SOCIAL SECURITY NO. <u>UNK</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clyde Swank, Charleston, 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, asthma, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Pancreas - Metastasis</u></p> <p>INTERVAL BETWEEN ONSET AND DEATH <u>Generalized abd. 2 mos</u></p> <p>157X</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Generalized Abd. - Pancreas Primary</u>		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 checked="" 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>2-16</u> , 19 <u>51</u> , to <u>2-23</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11</u> , 19 <u>51</u> , and that death occurred at <u>8 PM</u> m., from the causes and on the date stated above.			
23. SIGNATURE <u>Frank Hall M.D.</u>		23b. ADDRESS <u>Cape Girardeau, Mo</u>	23c. DATE SIGNED <u>2/24/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/25/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo</u>
DATE REC'D BY LOCAL REG. <u>2-26-51</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>THE FUNERAL CHAPEL</u> ADDRESS <u>Charleston MO</u>	

RECEIVED

MAR 5 1951

DISTRICT HEALTH OFFICE No

is No.....

MAR 7 1951

MAY 7 1951

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 P. Hummel Jr*
Licensed Embalmer No. 3851

P. O. Address Charleston, 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.

William F. Ruff