

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **11263**

FILED MAR 20 1951

No. 300
10.48

1070
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 337		PRIMARY REG. DIST. NO. 4499		Registrar's No. 26	
1. PLACE OF DEATH a. COUNTY Steele				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Steele			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Steele		c. LENGTH OF STAY (in this place) 16 months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarence		1070	
d. FULL NAME OF HOSPITAL OR INSTITUTION Madison Nursing Home				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) I VA			a. (First) I b. (Middle) S c. (Last) WEARINGEN			4. DATE OF DEATH (Month) (Day) (Year) March 10 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 10, 1882		9. AGE (In years last birthday) 68	IF UNDER 1 YEAR 7 MONTHS 29 DAYS	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Liles Turner			13b. MOTHER'S MAIDEN NAME Jane Jennings		14. NAME OF HUSBAND OR WIFE Melvin Swearingen		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p><i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aphyxiation				526X	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchiectasis					
		DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
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) (Min.)		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 May , 19 50 , to March 10 , 19 51 , that I last saw the deceased alive on March 10 , 19 51 , and that death occurred at 7:15 A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R.A. Bilalovich D.O.				23b. ADDRESS Steele, Mo		23c. DATE SIGNED March 15, 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE March 13, 1951	24c. NAME OF CEMETERY OR CREMATORY Maplewood Cmc.		24d. LOCATION (City, town, or county) (State) Clarence Missouri		
DATE REC'D BY LOCAL REG. Mar-16-51		REGISTRAR'S SIGNATURE Ada Garrison		419		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hopper Funeral Service, Clarence	

Date Received: MAR 19 1951
DISTRICT HEALTH OFFICE #2
District File Number 3-51-566
Date Filed: MAR 19 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 Lawrence E. Hooper

Licensed Embalmer No. 4261

P. O. Address Clarence, 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.