

FILED MAY 10 1951

STANDARD CERTIFICATE OF DEATH

State File No. 12436

0470
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>144</u>		PRIMARY REG. DIST. NO. <u>4234</u>		Registrar's No. <u>21</u>	
1. PLACE OF DEATH a. COUNTY <u>Iron</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Ironton, Mo.</u>		c. LENGTH OF STAY (In this place) <u>30 Min</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hogan General Delivery</u>		<u>0470</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>None</u>		c. (Last) <u>Swaringim</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 28 51</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept 22/ 1872</u>	
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>6</u>		IF UNDER 1 HR. Hours <u>0</u> Mins. <u>0</u>		11. BIRTHPLACE (State or foreign country) <u>Hogan, Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>				10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Swaringim</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Farmer</u>		14. NAME OF HUSBAND OR WIFE <u>Laura Smith</u>			
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alonzo Swaringim Flat River Mo.</u>			
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>Fractured Skull</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Automobile Accident</u>					<u>6834</u> <u># 32</u>
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		19a. DATE OF OPERATION					19b. MAJOR FINDINGS OF OPERATION
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway #21</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Near Ironton, Mo Iron</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4 28 51 7p</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fleeing from State Patrolman</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:55 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C. L. Howell</u>			23b. ADDRESS <u>Ironton, Mo</u>		23c. DATE SIGNED <u>4/30 51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4.3051</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Florida</u>		24d. LOCATION (City, town, or county) (State) <u>Florida Mo.</u>		
DATE REC'D BY LOCAL REG. <u>April 30 1951</u>		REGISTRAR'S SIGNATURE <u>Wesley Jones</u>		128		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wood Funeral Home Flat River</u>	

RECEIVED

MAY 8 1951

DISTRICT HEALTH OFFICE No. 6

No.

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, ~~only~~

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

C. A. Howell

Licensed Embalmer No. *3670*

P. O. Address *Winton, Md*

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.