

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

2498

State File No.

No. 3007 FEB 9 1952

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington</u> <u>0941</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mabel</u> b. (Middle) <u>Emma</u> c. (Last) <u>Swinford</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 26 1952</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb 26 1903</u>	9. AGE (In years last birthday) <u>48</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>state hospital employee</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Farmington Missouri</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Louis T. Hunt</u>		13b. MOTHER'S MAIDEN NAME <u>Emma R. Lotz</u>		14. NAME OF HUSBAND OR WIFE <u>Ancil Swinford</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>498-34-0620</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ancil Swinford</u> ADDRESS <u>Farmington 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u> <u>months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Atherosclerosis + unperforated Aortic Insufficiency</u> 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 <u>4201</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) <u>1:55 P.M. 1/26/52</u>	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 April - 1950, to Jan 26, 1952, that I last saw the deceased alive on Jan 26, 1952, and that death occurred at 11 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Lee L. Walker, M.D.</u> (Degree or title)	23b. ADDRESS <u>Farmington, Mo.</u>	23c. DATE SIGNED <u>2-1-52</u>
---	-------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>January 30 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Parkview</u>	24d. LOCATION (City, town, or county) (State) <u>Farmington, Mo.</u>
---	----------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>Feb. 4, 1952</u>	REGISTRAR'S SIGNATURE <u>Esther Ludloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. H. Cozean</u> ADDRESS <u>Farmington Mo.</u>
--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

1941

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 _____

Licensed Embalmer No. 4084

P. O. Address Farrington, 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.