

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 83 PRIMARY REG. DIST. NO. 5314 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY COOPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY COOPER	
b. CITY (If outside corporate limits, write RURAL and give township) (RURAL) PRATIE HOME		c. LENGTH OF STAY (In this place) 22 YEARS	
c. CITY (If outside corporate limits, write RURAL and give township) (RURAL) PRATIE HOME		d. STREET ADDRESS (If rural, give location) PRATIE HOME MO	
d. FULL NAME OF HOSPITAL OR INSTITUTION PRATIE HOME MO			

3. NAME OF DECEASED (Type or Print) a. (First) ELSIE b. (Middle) SWANSTONE c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) March 19-1952		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JAN. 26-1883	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER	10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME OTTO SPIELEY	13b. MOTHER'S MAIDEN NAME MARGARET YOUNG	14. NAME OF HUSBAND OR WIFE LON SWANSTON
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Mrs. Clarence Pohlman	ADDRESS Pratie Home Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy		MEDICAL CERTIFICATION Pratie Home Mo	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis			
	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"/>
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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) Bronville Mo
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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?
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22. I hereby certify that I attended the deceased from June 19 49, to March 19 1952, that I last saw the deceased alive on March 19 1952 and that death occurred at 11: 9 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Dickmeiss	23b. ADDRESS Bronville Mo	23c. DATE SIGNED 3/21/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE March 21-1952	24c. NAME OF CEMETERY OR CREMATORY Wahner-Lewis Cem	24d. LOCATION (City, town, or county) (State) Bronville Mo
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DATE REC'D BY LOCAL REG. 3/21/52	REGISTRAR'S SIGNATURE U. T. Meredith	25. FUNERAL DIRECTOR'S SIGNATURE C. ALBERT HOHNBECK	ADDRESS PRATIE HOME MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 E. Albert Hornbeck.....

Licensed Embalmer No. 2714.....

P. O. Address Prairie Home 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.