No. 300
10-48

FILED MAY 9 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12346

BIRTH NO. _____ REG. DIST. NO. 67 PRIMARY REG. DIST. NO. 5259 Registrar's No. 5

220
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Christian
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Bruner, Mo.
c. LENGTH OF STAY (in this place): 63 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Christian

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Christian
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bruner Township 1220
d. STREET ADDRESS (If rural, give location): Christian

3. NAME OF DECEASED (Type or Print)
a. (First): Ellis
b. (Middle): —
c. (Last): Swearingin

4. DATE OF DEATH (Month) (Day) (Year): Apr. 30, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 19, 1888
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Sam Swearingin
13b. MOTHER'S MAIDEN NAME: Mary Jane Swearingin
14. NAME OF HUSBAND OR WIFE: Maudie Swearingin

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.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Maudie Swearingin, Bruner, Star Rt.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of descending colon c̄ metastasis — INTERVAL BETWEEN ONSET AND DEATH: ?10 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 153X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Carcinoma, of colon, not resectable
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 15, 1952, *to* 30 Apr, 1952, *that I last saw the deceased alive on* 25 Apr, 1952, *and that death occurred at* 3:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Ozark, Mo
23c. DATE SIGNED: 5 May 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 4, 1952
24c. NAME OF CEMETERY OR CREMATORY: Union Chapple Cemetery
24d. LOCATION (City, town, or county) (State): Christian, Mo.

DATE REC'D BY LOCAL REG.: May 7, 1952
REGISTRAR'S SIGNATURE: Helen Blevins 454
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: T. B. Chaffin, Ozark, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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.