

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 7 - 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 4335 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <b>Moniteau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Moniteau</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Tipton</b>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Tipton</b>	
		d. STREET ADDRESS (If rural, give location) <b>No Street Number</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Stella</b>	b. (Middle)	c. (Last) <b>Swaney</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April/18/1952</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>4/13/1859</b>	9. AGE (In years last birthday) <b>93</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (State or foreign country) <b>Clinton, Iowa</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Samuel Stumbaugh</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Jane Esgate</b>	14. NAME OF HUSBAND OR WIFE <b>Lemuel Swaney, dead</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Iohn Wilks</b>	ADDRESS <b>Tipton, Missouri</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 Day</b>  <b>2 Amblyops</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>		
	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 <b>4500</b>	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **2-11**, 19**52**, to **4-18**, 19**52**, that I last saw the deceased alive on **4-18**, 19**52**, and that death occurred at **9-P.** m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <b>C. F. Schubert M.D. - 2 - Tipton, Mo</b>	23b. ADDRESS	23c. DATE SIGNED <b>4-19-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial 1)</b>	24b. DATE <b>4/20/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>McCredie Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>McCredie, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Apr. 22 1952</b>	REGISTRAR'S SIGNATURE <b>Mrs. Maude Hudson</b>	FUNERAL DIRECTOR'S SIGNATURE <b>James E. Richardson</b>	ADDRESS <b>Tipton</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6800

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 James E. Richard

Licensed Embalmer No. 2466

P. O. Address Lipton, 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.