

FILED JUL 7 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23410

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 117

1. PLACE OF DEATH  
a. COUNTY Vernon  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada  
c. LENGTH OF STAY (in this place) \_\_\_\_\_  
d. FULL NAME OF HOSPITAL OR INSTITUTION: 507 South Cedar

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Vernon  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada  
d. STREET ADDRESS (If rural, give location) 507 South Cedar

3. NAME OF DECEASED  
a. (First) Harry b. (Middle) W c. (Last) Vanswearingen  
4. DATE OF DEATH (Month) June (Day) 26 (Year) 1952

5. SEX M 6. COLOR OR RACE Wh 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH May 15 1888  
9. AGE (In years last birthday) 64 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) Warehouse employe 10b. KIND OF BUSINESS OR INDUSTRY Retired  
11. BIRTHPLACE (State or foreign country) Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Harry Vanswearingen 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Mollie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) \_\_\_\_\_  
16. SOCIAL SECURITY NO. 493 12 8972 17. INFORMANT'S SIGNATURE OR NAME Mollie Vanswearingen ADDRESS 3002 E. Seventh Kansas City Mo

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Uremia  
ANTECEDENT CAUSES (b) Hypertrophy of prostate  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
INTERVAL BETWEEN ONSET AND DEATH  
7 days  
2 years

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION 610x 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) \_\_\_\_\_ 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 June 15, 1952, to June 26, 1952, that I last saw the deceased alive on June 26, 1952 and that death occurred at 6:29 p.m., from the causes and on the date stated above.

23a. SIGNATURE Russell Perryman (Degree or title) \_\_\_\_\_ 23b. ADDRESS Nevada, Mo. 23c. DATE SIGNED 6/30/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE June 28 1952 24c. NAME OF CEMETERY OR CREMATORY Antioch Cemetery 24d. LOCATION (City, town, or county) (State) Nevada Missouri

DATE REC'D BY LOCAL REG. 6-30-52 REGISTRAR'S SIGNATURE Anna E. Ferry 25. FUNERAL DIRECTOR'S SIGNATURE Ferry Funeral Home ADDRESS Nevada, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

**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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed.....  
Student Embalmer No. ....

Licensed Embalmer No. 1760

P. O. Address Nevada 720

**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.