

S. No. 300
V. 10.48

AUG 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25121

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 4322 Registrar's No. 2/2

1. PLACE OF DEATH a. COUNTY Mercer 0650		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Mercer 0650	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Princeton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Princeton, Mo	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lambert Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Stella Marie	b. (Middle)	c. (Last) Swingle	4. DATE OF DEATH (Month) (Day) (Year)
				July 28, 1952

5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-20-1910	9. AGE (In years last birthday) 42	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 past year or give if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) New Boston, Ill	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Clyde Sanders	13b. MOTHER'S MAIDEN NAME Grace Hawk	14. NAME OF HUSBAND OR WIFE James Swingle
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, state year or dates of service)	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME James Swingle ADDRESS Princeton, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 18 mo
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of cervix		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION. 17IX	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) (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 Aug, 1951, to July 28, 1952, that I last saw the deceased alive on July 28, 1952, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. P. ... Lambert MD	23b. ADDRESS Princeton, Mo	23c. DATE SIGNED 7/29/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 7-29-52	24c. NAME OF CEMETERY OR CREMATORY Middlepoint	24d. LOCATION (City, town, or county) (State) Mercer Co., Mo
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DATE REC'D BY LOCAL REG. 7-30-52	REGISTRAR'S SIGNATURE Noel Moss	25. FUNERAL DIRECTOR'S SIGNATURE Noel Moss ADDRESS Princeton, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

FEB 26 1968

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Paul Mass

Licensed Embalmer No. 2636

P. O. Address Quincy 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.