

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34776**

0410

FILED NOV 10 1952

BIRTH NO. _____ REG. DIST. NO. **133** PRIMARY REG. DIST. NO. **5490** Registrar's No. **109**

1. PLACE OF DEATH a. COUNTY Harrison			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Harrison		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural White Oak		c. LENGTH OF STAY (in this place) 5 yrs	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural White Oak Twp		0410
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home 1/2 mile NE of New Hampton			d. STREET ADDRESS (If rural, give location) 1/2 mile NE of New Hampton		
3. NAME OF DECEASED (Type or Print) a. (First) Rose b. (Middle) ANN c. (Last) Swartz			4. DATE OF DEATH (Month) (Day) (Year) Nov 3 1952		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 20 1877	9. AGE (In years last birthday) 75	10. IF UNDER 1 YEAR Days 4 Hours 13 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Farmers House Wife	11. BIRTHPLACE (State or foreign country) MO		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Usher Bush		13b. MOTHER'S MAIDEN NAME Charlotte Smith	14. NAME OF HUSBAND OR WIFE Samuel D Swartz		
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 Samuel D Swartz ADDRESS New Hampton MO		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer Stomach			INTERVAL BETWEEN ONSET AND DEATH months
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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 0		20. AUTOPSY? 151X YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 0	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
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?		
22. I hereby certify that I attended the deceased from 10-6- , 19 52 , to 11-3- , 19 52 , that I last saw the deceased alive on _____, 19____, and that death occurred at 9 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE Frank A Rose (Degree or title) M.D.			23b. ADDRESS Albany, MO		23c. DATE SIGNED 11-4-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 5 1952	24c. NAME OF CEMETERY OR CREMATORY Foster cemetery	24d. LOCATION (City, town, or county) (State) New Hampton MO		
DATE REC'D BY LOCAL REG. 11/6/52	REGISTRAR'S SIGNATURE Zola Burris		25. FUNERAL DIRECTOR'S SIGNATURE W H Noble & son ADDRESS New Hampton MO		

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

Center of Health

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.

Student Embalmer No.

Signed *W. H. Noble*

Signed.....
Student Embalmer

Licensed Embalmer No. *2904*

P. O. Address *New Hampton 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.