

5. No. 300
V. 10. 48

REC'D DEC 1 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38356

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1047

1396
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY GREENE COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY DOUGLAS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL Elkhead 0340	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) EALKHEAD MO. /	
d. FULL NAME OF HOSPITAL OR INSTITUTION BURGEHOSPITALSPRINGFIELD			

3. NAME OF DECEASED (Type or Print) a. (First) LAURA b. (Middle) B. SWEARENGIN c. (Last) SWEARENGIN			4. DATE OF DEATH (Month) (Day) (Year) 11-24-52		
5. SEX M.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, NEVER MARRIED	
8. DATE OF BIRTH 9-13-1883		9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME	
10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (State or foreign country) DOUGLAS CO. Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME LOUIS SWEARENGIN		13b. MOTHER'S MAIDEN NAME MARY JOHNS		14. NAME OF HUSBAND OR WIFE NO	
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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) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS BERTHA BORING SEYMOUR MO.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease		II. OTHER SIGNIFICANT CONDITIONS Cerebral thrombosis Chronic asthma			unknown
*This does not mean the mode of dying, such as heart failure, asthenia, 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)			1 mo. unknown

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200		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) (Minute)		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 9-2, 1952, to 11-24, 1952, that I last saw the deceased alive on 11-24, 1952, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Harold P. Johnson, MD</i>		23b. ADDRESS Springfield, Mo.		23c. DATE SIGNED 11-26-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-26-52		24c. NAME OF CEMETERY OR CREMATORY UNION CHAPEL	
24d. LOCATION (City, town, or county) (State) DOUGLAS CO. MO.					

DATE REC'D BY LOCAL REG. 11-28-52		REGISTRAR'S SIGNATURE <i>Edna Williams</i>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Robert Bergman</i>	
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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... *Alvin L. Ferrell*

Licensed Embalmer No. *4847*

P. O. Address *Mansfield, Ma.*

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.