

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. FITCH
State File No. **42045**
1133

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

1. PLACE OF DEATH a. COUNTY GREENE			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GREENE		
b. CITY OR TOWN SPRINGFIELD		c. LENGTH OF STAY (in this place) 44 YRS	c. CITY OR TOWN SPRINGFIELD 0396		
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN HOSP.			d. STREET ADDRESS (If rural, give location) 1114 S. MARYLAND		
3. NAME OF DECEASED (Type or Print) a. (First) MAUDE		b. (Middle) E.		c. (Last) SWEARENGIN	
4. DATE OF DEATH DEC. 18, 1952		5. SEX FEMALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH FEB. 26 1890		9. AGE (In years last birthday) 62	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and State or Foreign Country) SALEM, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME E.F. FINLEY		13b. MOTHER'S MAIDEN NAME AMANDA RAINS	
14. NAME OF HUSBAND OR WIFE DORSEY F. SWEARENGIN		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 DORSEY F. SWEARENGIN SPELD, MO.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Cancer of Uterus		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <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 <u>11-7</u> , 19 <u>52</u> , to <u>12-18</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>4-12-17</u> , 19 <u>52</u> , and that death occurred at <u>1:25 a.m.</u> from the causes and on the date stated above.					
23a. SIGNATURE <i>Max Fitch</i>		23b. ADDRESS <i>MO</i>		23c. DATE SIGNED <u>12-18-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12/20/52		24c. NAME OF CEMETERY OR CREMATORY NATIONAL	
24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.		25. FUNERAL DIRECTOR'S SIGNATURE <i>H.H. Lohmeyer</i>		ADDRESS H.H. LOHMEYER SPRINGFIELD, MO.	
DATE REC'D BY LOCAL REG. 12-19-52		REGISTRAR'S SIGNATURE <i>Edith Williamson</i>			

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

JAN 12 1918

CASE 21111

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 *Walter E. Hamilton*

Licensed Embalmer No. 3808

P. O. Address SPRINGFIELD, 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.