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FILED MAR 9 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. J. L. ...
State File No. 5520

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 234

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>636 S. Hampton</u>		d. STREET ADDRESS (If rural, give location) <u>636 S. Hampton</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u> b. (Middle) <u>Jane</u> c. (Last) <u>Swiers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 4, 1953</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 14, 1878</u>
9. AGE (in years last birthday) <u>74</u>		IF UNDER 1 YEAR <u>6</u> MONTHS	IF UNDER 24 HRS. <u>20</u> HOURS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>In Home</u>	11. BIRTHPLACE (State or foreign country) <u>Douglas County, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>John C. Adams</u>		13b. MOTHER'S MAIDEN NAME <u>Mary K. Herrell</u>	
14. NAME OF HUSBAND OR WIFE <u>J. Dal Swiers</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. J. Dal Swiers Springfield,</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION Mo. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lung cancer tuberculosis</u> ANTECEDENT CAUSES <u>for advanced, active!</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS- <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>002X</u>	
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>2/2/41</u> , 19___, to <u>3/4/53</u> , 19___, that I last saw the deceased alive on <u>3/4/53</u> , 19___, and that death occurred at <u>1 p. m.</u> , from the causes and on the date stated above.			
23. SIGNATURE (Degree or title) <u>John O. Turner M.D.</u>		23b. ADDRESS <u>Springfield Mo.</u>	
23c. DATE SIGNED <u>3/4/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/6/53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>I. O. O. F.</u>		24d. LOCATION (City, town, or county) (State) <u>Sparta, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-5-53</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson Registrar</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Gorman-Scharf</u>		ADDRESS <u>Springfield, Missouri</u>	

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

396
1

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 *L. A. Gorman* _____

Licensed Embalmer No. *3177* _____

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.