

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13433

State File No. 163

FILED APR 20 1953

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 5143		Registrar's No. 163	
1. PLACE OF DEATH a. COUNTY <u>Butter</u> 0120				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Butter</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff (Rural)</u>		c. LENGTH OF STAY (In this place) <u>30 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Poplar Bluff</u>		d. STREET ADDRESS (If rural, give location) <u>Providence Community</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				3. NAME OF DECEASED a. (First) <u>Sylvia</u> b. (Middle) <u>Cole</u> c. (Last) <u>SWINNEY</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>3 28 1953</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Feb. 18 - 1887</u>		9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Days <u>10</u> Hours _____ Min. _____		10. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Shreveport, La. 1</u>				12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Boke Lewis</u>		13b. MOTHER'S MAIDEN NAME <u>Betty</u>		14. NAME OF HUSBAND OR WIFE <u>B.W. Swinney</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>m</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Boke Lewis (nephew) Bell City, Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Adema</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetics</u> DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>years</u>	
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) <u>260X</u>	
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>Feb -</u> , 19 <u>52</u> , to <u>Mar</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Mar 27</u> , 19 <u>53</u> , and that death occurred at <u>7:05 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Alfred Blume M.D.</u>				23b. ADDRESS <u>Poplar Bluff Mo</u>		23c. DATE SIGNED <u>4-5-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>4-4-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Marocco</u>		24d. LOCATION (City, town, or county) (State) <u>Butter Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-15-53</u>		REGISTRAR'S SIGNATURE <u>W.H. Menetrel</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul J. Smith, Director, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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

Fred J. Smith

Signed.....
Student Embalmer

Licensed Embalmer No. *4408*

P. O. Address *Sikeston, 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.