

U.S. No. 300
REV. 10-48

STANDARD CERTIFICATE OF DEATH

State File No. **22216**

LED JUN 26 1953

0640
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO.		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>4561</u>		Registrar's No. <u>228</u>	
1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MARION			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monroe City		c. LENGTH OF STAY (Specify place) 12 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MONROE CITY		0640	
d. FULL NAME OF HOSPITAL OR INSTITUTION 805 Stanton Avenue				d. STREET ADDRESS (If rural, give location) 805 STANTON AVENUE			
3. NAME OF DECEASED (Type or Print) a. (First) CARTER b. (Middle) FOREST c. (Last) SWARNGEN			4. DATE OF DEATH (Month) June (Day) 8 (Year) 1953				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH MAY 22 1873	9. AGE (In years last birthday) 80	if UNDER 1 YEAR Month 0 Day 17	if UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of the life, even if retired) CONDUCTOR (Ret)		10b. KIND OF BUSINESS OR INDUSTRY RAIL ROAD		11. BIRTHPLACE (State or foreign country) MONROE CITY, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME BRYANT SWARNGEN			13b. MOTHER'S MAIDEN NAME DOLLY ANN ANDERS		14. NAME OF HUSBAND OR WIFE		
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 <i>Mark T. Swearingen</i>		ADDRESS <i>Monroe City, Mo</i>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditic ANTECEDENT CAUSES Diabetes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 2 years 2 years	
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)		2604	
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 3-8 , 1951, to 6-8 , 1953, that I last saw the deceased alive on 6-6 , 1953, and that death occurred at 10:30 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE <i>F. N. Swearingen, D.O.</i>				23b. ADDRESS <i>Monroe City, Mo</i>		23c. DATE SIGNED <i>6-10-53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 11, 53	24c. NAME OF CEMETERY OR CREMATORY St. JUDES CEMETERY		24d. LOCATION (City, town, or county) (State) MONROE CITY MO		
DATE REC'D BY LOCAL REG. 6-12-53		REGISTRAR'S SIGNATURE <i>By: Viola Lee, Deputy</i>		5. FUNERAL DIRECTOR'S SIGNATURE <i>WILSON</i>		ADDRESS MONROE CITY, MO	

189-189-0 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUN 25 1953
MARION CO. HEALTH DEPT.
DATE FILED JUN 25 1953

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 me

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Lester L. Wilcox

Licensed Embalmer No. 3014

P. O. Address Monroe City 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.