

FILED JAN 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42063**
Registrar's No. **40**

BIRTH NO. _____ REG. DIST. NO. **91** PRIMARY REG. DIST. NO. **5707**

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

1. PLACE OF DEATH a. COUNTY Benton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Benton	
b. CITY (If outside corporate limits, write RURAL and give township) Lincoln (Rural)		c. CITY (If outside corporate limits, write RURAL and give township) Lincoln R R I	
c. LENGTH OF STAY (in this place) Wife		d. STREET ADDRESS (If rural, give location) 3 miles N.W.	
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE			

3. NAME OF DECEASED (Type or Print) CHARLEY RICHARD SWEARINGIN	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Dec 27, 1953
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5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Apr 30, 1879	9. AGE (In years last birthday) (If under 1 year: Months Days) (If under 24 hrs: Hours Min.) 74 7 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARM.		11. BIRTHPLACE (City and State or Foreign Country) Benton Co. Mo
				12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME William Swearingin	13b. MOTHER'S MAIDEN NAME Mary Etta Jones Swearingin	14. NAME OF HUSBAND OR WIFE Emerine Swearingin
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. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emerine E. Swearingin

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Decomposition		Approx 24 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arteriosclerotic Nephritis		18 months 3 months
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 593 X	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **10:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) T. R. McAfee D.O.	23b. ADDRESS Box 13 Lincoln Mo.	23c. DATE SIGNED Dec 28 53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 29, 1953	24c. NAME OF CEMETERY OR CREMATORY Sunnyside Cemetery	24d. LOCATION (City, town, or county) (State) Benton Co. Missouri
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DATE REC'D BY LOCAL REG. Dec 30, 1953	REGISTRAR'S SIGNATURE E. L. Eickhoff	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John F. Piser Lincoln, Mo
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VS SEP 24 1959

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

John A. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.