

FILED APR 23 1954

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **11618**

BIRTH NO. _____		REG. DIST. NO. <b>29</b>		PRIMARY REG. DIST. NO. <b>4168</b>		Registrar's No. <b>23</b>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>DeKalb</b>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Maysville</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>DeKalb</b>	
c. LENGTH OF STAY (in this place) <b>60yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Maysville</b>		d. STREET ADDRESS (If rural, give location) <b>0320</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <b>JOHN</b>	b. (Middle) <b>LAMAR</b>	c. (Last) <b>SWEARINGEN</b>	Month <b>Mar.</b>	Day <b>13</b>	Year <b>1954</b>	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>July 10 1858</b>		9. AGE (In years last birthday) <b>95</b>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Clinton Co. Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13. FATHER'S NAME <b>John Swearingen</b>	13b. MOTHER'S MAIDEN NAME <b>Mila Hodges</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Josie Swearingen</b>					ADDRESS <b>Maysville Mo.</b>
18. CAUSE OF DEATH	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia</b>					<b>1 week</b>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES						
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
	DUE TO (b) <b>Benign hypertrophy of</b>						
	DUE TO (c) <b>arteriosclerosis (General)</b>						
	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)		<b>610 X</b>	
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 <b>Mar 8</b> , 19 <b>54</b> to <b>Mar 13</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>Mar 13</b> , 19 <b>54</b> , and that death occurred at <b>9</b> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>James H. Switzer M.D.</b>				23b. ADDRESS <b>Maysville Missouri</b>		23c. DATE SIGNED <b>3-23-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/15-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Maysville Cemetery</b>		24d. LOCATION (City; town; or county) (State) <b>Maysville, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>3-30-54</b>		REGISTRAR'S SIGNATURE <b>RACOR RAYMOND</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>PILCHER FUNERAL HOME</b>		ADDRESS <b>MAYSVILLE MISSOURI.</b>	

(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. ....

Student .....  
Student Embalmer

Signed



C.T. Pilcher

Licensed Embalmer No. .... 3960

P. O. Address Mayeville Missouri

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.