

FILED FEB 23 1955

STANDARD CERTIFICATE OF DEATH

State File No. 4266

BIRTH NO. _____		REG. DIST. NO. <u>75</u>		PRIMARY REG. DIST. NO. <u>3015</u>		Registrar's No. <u>19</u>	
1. PLACE OF DEATH a. COUNTY <u>CHINTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>CHINTON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAMERON.</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>		c. CITY OR TOWN <u>CAMERON.</u>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Cameron Community Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>115 South Cherry.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rena</u> b. (Middle) <u>Catherine</u> c. (Last) <u>Swords.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 9 55</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed.</u>	8. DATE OF BIRTH <u>Aug 6 - 1899.</u>		9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SAME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Quincy Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>Wm Hays Fabbert</u>			13b. MOTHER'S MAIDEN NAME <u>Mary O'Brien</u>		14. NAME OF HUSBAND OR WIFE <u>Richard Swords.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Richard Swords Jr. Cameron, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized abdominal</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer Left Breast</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u> <u>5 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>170X</u>				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) (Min.)		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>12-29</u> , 19 <u>54</u> , to <u>2-9</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>2-9</u> , 19 <u>55</u> , and that death occurred at <u>11:40 AM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>St. Neetherton</u> <u>390</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Cameron Mo</u>		23c. DATE SIGNED <u>2-9-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2-11-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wendake Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Des Moines Iowa</u>		
DATE REC'D BY LOCAL REG. <u>2-14-55</u>		REGISTRAR'S SIGNATURE <u>Winifred W. Mosler</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Funeral Home</u>		ADDRESS <u>Cameron Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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AUG 15 1955

REAR 20

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.....
Signature of Student Embalmer

Signed *Robert J. Poland*

Licensed Embalmer No. *4277*
221
P. O. Address *Cambridge*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.