

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19766

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 4450 Registrar's No. 539

1. PLACE OF DEATH a. COUNTY <u>Ripley</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Doniphan</u>		c. CITY OR TOWN <u>Doniphan</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>14 days</u>		e. STREET ADDRESS (If rural, give location) <u>4 Mi. N. of Doniphan, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lawanda</u> b. (Middle) <u>Lavern</u> c. (Last) <u>Swims</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 19, 1955</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Feb. 6, 1925</u>		9. AGE (In years last birthday) <u>30</u>		10. IF UNDER 1 YEAR: Months <u>2</u> Days <u>13</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Tremble, Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>			

13a. FATHER'S NAME <u>W.A. Rudd</u>		13b. MOTHER'S MAIDEN NAME <u>Lessie May Chapel</u>		14. NAME OF HUSBAND OR WIFE <u>James Swims</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Rudd, Caruthersville, Mo.</u>	
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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>Gastrointestinal hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Carcinoma primary site undetermined</u> DUE TO (c) <u>1999</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bacteremia 10 days</u>				INTERVAL BETWEEN ONSET AND DEATH <u>18 hours</u> <u>3 years (?)</u> <u>10 days</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from June, 1950, to May 19, 1955, that I last saw the deceased alive on May 18, 1955, and that death occurred at 3:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank Johnson</u>		23b. ADDRESS <u>2420 Doniphan Mo</u>		23c. DATE SIGNED <u>5/20/55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 21, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ANTIOCH CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>RIPLEY, MISSOURI</u>	
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DATE REC'D BY LOCAL REG. <u>5-21-1955</u>		REGISTRAR'S SIGNATURE <u>C. B. Johnson</u> 277.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ray Meador, Doniphan, Mo.</u>	
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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 emb
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed... *Ray Means*.....

Licensed Embalmer No... *374*

P. O. Address... *Donipha*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.