

FILED OCT 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35797**

BIRTH NO. _____ REG. DIST. NO. **371** PRIMARY REG. DIST. NO. **4541** Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY Webster		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Webster	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FORDLAND		c. CITY OR TOWN FORDLAND	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		e. STREET ADDRESS (If rural, give location) 1120	

3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH b. (Middle) GERTYUDE c. (Last) SWEARENGIN			4. DATE OF DEATH (Month) (Day) (Year) 10 8 1955		
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 29 1877	9. AGE (In years last birthday) 78	10. UNDER 1 YEAR <input type="checkbox"/>	11. UNDER 2 HRS. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) State of Indiana	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME BOWERS	13b. MOTHER'S MAIDEN NAME MARY CLARK	14. NAME OF HUSBAND OR WIFE JOHN SWEARENGIN
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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) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Fred Swearengin Fordland Mo	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial failure		
	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) Arterio-sclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		447X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION No 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 **April 17, 1954** to **Oct 8, 1955**, that I last saw the deceased alive on **Oct 16, 1955**, and that death occurred at **11:30 AM**, from the causes and on the date stated above.

23a. SIGNATURE D. R. Schultz (Degree or title)	23b. ADDRESS Fordland Mo.	23c. DATE SIGNED 10/12/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10/11 1955	24c. NAME OF CEMETERY OR CREMATORY FORDLAND CEMETERY	24d. LOCATION (City, town, or county) (State) FORDLAND MISSOURI
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DATE REC'D BY LOCAL REG. 10-12-55	REGISTRAR'S SIGNATURE Opal M. Good	25. FUNERAL DIRECTOR'S SIGNATURE James Ferrell	ADDRESS Fordland Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT

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 *Wm K. Ferrell*.....

Licensed Embalmer No. *4910*.....

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