

FILED FEB 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4426

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 144

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give townable) OR TOWN Springfield,		c. LENGTH OF STAY (in this place) 10 days		c. CITY OR TOWN Springfield,	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
		e. STREET ADDRESS 1917 E. Monroe Terrace		d. 39 1/2	

3. NAME OF DECEASED (Type or Print) a. (First) Anna			b. (Middle) Eleanor			c. (Last) Swenson			4. DATE OF DEATH (Month) (Day) (Year) February 11, 1956		
---	--	--	------------------------	--	--	----------------------	--	--	--	--	--

5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH October 10, 1882		9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
------------------	--	---------------------------	--	---	--	--------------------------------------	--	---------------------------------------	--	--------------------------------	--	--------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY In Home			11. BIRTHPLACE (City and State or Foreign Country) Vermland, Sweden			12. CITIZEN OF WHAT COUNTRY? USA		
--	--	--	--	--	--	--	--	--	-------------------------------------	--	--

13a. FATHER'S NAME Unknown Johnson			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Carl W. Swenson		
---------------------------------------	--	--	--------------------------------------	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Carl W. Swenson Springfield, Mo.			
--	--	-------------------------	--	---	--	--	--

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Metastatic Carcinoma</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Primary Growth</i> DUE TO (c) <i>Left Breast</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND 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) 170X		
--	--	--	--	--	---	--	--

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 Feb 2, 1956, to Feb 11, 1956 that I last saw the deceased alive on Feb 11, 1956 and that death occurred at 9:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>W.D. Chee M.D.</i>		(Degree or title)		23b. ADDRESS <i>Springfield Mo</i>		23c. DATE SIGNED 2/13/56	
---	--	-------------------	--	---------------------------------------	--	-----------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 14, 1956		24c. NAME OF CEMETERY OR CREMATORY Hazelwood		24d. LOCATION (City, town, or county) (State) Springfield, Missouri	
---	--	----------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. 2-14-56		REGISTRAR'S SIGNATURE <i>Edith Williamson</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Thomas Schaff Funeral Home Springfield, Mo</i>			
-------------------------------------	--	--	--	---	--	--	--

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Lewis G. Scherf

Licensed Embalmer No. *380*

P. O. Address *Springfield*

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.