

BIRTH NO. _____ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 4124 Registrar's No. 22

1. PLACE OF DEATH
 a. COUNTY ~~Boone~~ Clark
 b. CITY (If outside corporate limits, write RURAL and give township) Kahoka
 c. LENGTH OF STAY (In this place) 18 mo.
 d. FULL NAME OF HOSPITAL OR INSTITUTION Walker Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY Schuyler
 c. CITY OR TOWN Downing
 d. Is residence within limits of a city or incorporated town? Yes No
 e. STREET ADDRESS (If rural, give location) 0981

3. NAME OF DECEASED
 a. (First) Bertha b. (Middle) Mable c. (Last) Swanston

4. DATE OF DEATH (Month) (Day) (Year)
July 20, 1956

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married

8. DATE OF BIRTH July 12, 1874

9. AGE (In years last birthday) 82 if over 1 YEAR Months 8 if UNDER 1 YEAR Days 8 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boarding House

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Schuyler Co. Mo.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Peter Swanston

13b. MOTHER'S MAIDEN NAME Charlotte Dunn

14. NAME OF HUSBAND OR WIFE

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 Raymond Kelso, Downing, 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure
 ANTECEDENT CAUSES Myocarditis
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) _____
 DUE TO (c) _____

INTERVAL BETWEEN ONSET AND DEATH 1 day
yes

II. OTHER SIGNIFICANT CONDITIONS
 *Conditions contributing to the death but not related to the disease or condition causing death. Chronic nephritis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4222

20. AUTOPSY? YES NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1956 to July 20, 1956, that I last saw the deceased alive on July 20, 1956, and that death occurred at 8:10 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Perris L. Borton, D.O.

23b. ADDRESS Kahoka, Mo.

23c. DATE SIGNED 7-20-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE July 22, 1956

24c. NAME OF CEMETERY OR CREMATORY Cone Cemetery

24d. LOCATION (City, town, or county) (State) Downing, Mo.

DATE REC'D BY LOCAL REG. 7/24/56

REGISTRAR'S SIGNATURE J. H. Bridges

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Moore Funeral Home, Downing, Mo.

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 *Neal Payne*.....
Licensed Embalmer No. *255*.....

P. O. Address *Memphis*.....

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.