

FILED SEP 24 1956

STANDARD CERTIFICATE OF DEATH

State File No. 30066

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 416

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Gir</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Cape Girardeau</u>		c. LENGTH OF STAY (In this place) <u>23 DYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Pocahontas Mo</u>		d. STREET ADDRESS (If rural, give location) <u>0110</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alma</u> b. (Middle) <u>Rosalie</u> c. (Last) <u>Swan</u>			4. DATE OF DEATH (Month) <u>13</u> (Day) <u>13</u> (Year) <u>1956</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Aug 4 1894</u>			
9. AGE (In years last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work</u>		11. BIRTHPLACE (State or foreign country) <u>Pocahontas Mo</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)			10b. KIND OF BUSINESS OR INDUSTRY						
13a. FATHER'S NAME <u>Amanuel Schoen</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Habenfelner</u>			14. NAME OF HUSBAND OR WIFE <u>Reginold Swan</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Norman Swan</u> ADDRESS <u>Pocahontas 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, 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) <u>Post surgical shock</u>				DUPLICATE OF (b) <u>Diabetes mellitus</u>				<u>3 hrs.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>Diabetes mellitus</u>				<u>15 yr.</u>	
19a. DATE OF OPERATION <u>9-13-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Rectal stricture</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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>6-29, 1956</u> , to <u>9-13, 1956</u> that I last saw the deceased alive on <u>9-13, 1956</u> , and that death occurred at <u>1:15 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>J. H. Jaeger, M.D.</u> (Degree or title)				23b. ADDRESS <u>Jackson, Mo</u>		23c. DATE SIGNED <u>9-15-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 16 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Johns</u>		24d. LOCATION (City, town, or county) (State) <u>Pocahontas Mo</u>			
DATE REC'D BY LOCAL REG. <u>9-17-56</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M. Combs</u>		ADDRESS <u>444 Jackson Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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. 58 1 4

working under my personal supervision.

Student
Student Embalmer

Signed

BA Meyer

Licensed Embalmer No. 3051

P. O. Address

Jackson 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 this body is not embalmed, fact should be so stated above.