

FILED DEC 31 1956

Registration District No. 57 Primary Registration District No. 4083 Registrar's No. 6

300
1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>CARROLL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CARROLL</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>DEWITT</u>		c. CITY OR TOWN <u>DEWITT</u> ¹⁰	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HOME</u>		d. STREET ADDRESS (If outside, give location) <u>10 YRS</u>	
3. NAME OF DECEASED (Type or print) First <u>CORA</u> Middle <u>C.</u> Last <u>SWERRINGIN</u>		4. DATE OF DEATH Month <u>12</u> Day <u>18</u> Year <u>1956</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>SEPT. 9-1893</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWORK</u>	9. AGE (In years last birthday) <u>63</u>
13. FATHER'S NAME <u>JOSEPH LA BOURE</u>		11. BIRTHPLACE (City and state or country) <u>MIAMI STATION Mo</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		14. MOTHER'S MAIDEN NAME <u>CHAROLET SNELL</u>	
16. SOCIAL SECURITY NO. <u>L</u>		17. INFORMANT <u>LEONARD SWERRINGIN DEWITT Mo</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Four hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>HYPERTENSION</u>			<u>MANY YEARS</u>
DUE TO (c) <u>ARTERIOSCLEROSIS</u>			<u>MANY YEARS</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n). <u>331X</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ g. m. _____ Month, Day, Year _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>1953</u> to <u>12-18-1956</u> and last saw ^{her} _{him} alive on <u>12-18-1956</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>B. H. Sullivan M.D.</u>		22b. ADDRESS <u>MIAMI - MO.</u>	22c. DATE SIGNED <u>12-19-1956</u>
23a. BURIAL / CREMATION REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>12-22-1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>EVERGREEN</u>	23d. LOCATION (City, town, or county) (State) <u>DEWITT MO</u>
24. FUNERAL DIRECTOR <u>T. W. Neisel Brunswick Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Dec 24-1956</u>	26. REGISTRAR'S SIGNATURE <u>Paul Koch</u>

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *L. W. Mausel*.....

Licensed Embalmer No. *82*.....

P. O. Address *Brunswick*.....

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