

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **3422**BIRTH NO. _____ REG. DIST. NO. **381** PRIMARY REG. DIST. NO. **6181** Registrar's No. **28**

1. PLACE OF DEATH a. COUNTY Sullivan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Sullivan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Penn Twp.		c. LENGTH OF STAY (in this place) 23 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Penn Twp.		d. STREET ADDRESS (If rural, give location) 1050 2 1/2 mi. South of Green City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 1/2 mi S. of Green City			3. NAME OF DECEASED (Type or Print) a. (First) Walla b. (Middle) Lea c. (Last) Brock			4. DATE OF DEATH (Month) (Day) (Year) Jan. 28, 1957	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Oct. 12, 1876	
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		11. BIRTHPLACE (State or foreign country) Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME E. Manney Swallow	
13b. MOTHER'S MAIDEN NAME Matilda Springer		14. NAME OF HUSBAND OR WIFE Winnie Brock		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Charles F. Swallow, Green City, Mo.		17. ADDRESS Green City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation				INTERVAL BETWEEN ONSET AND DEATH 2 weeks			
ANTECEDENT CAUSES Mitral Stenosis				DUE TO (b) _____			
DUE TO (c) _____				DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				19a. DATE OF OPERATION _____			
19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? 2 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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 410X					
22. I hereby certify that I attended the deceased from January 14, 1951 , to January 28, 1957 , that I last saw the deceased alive on January 28, 1957 and that death occurred at 6 A m., from the causes and on the date stated above.							
23a. SIGNATURE R. D. Smith (Degree or title)				23b. ADDRESS Green City, Missouri		23c. DATE SIGNED 1/29/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 29, 1957		24c. NAME OF CEMETERY OR CREMATORY Springer Cemetery		24d. LOCATION (City, town, or county) (State) Sullivan Co., Mo.	
DATE REC'D BY LOCAL REG. 2-4-57		REGISTRAR'S SIGNATURE Mrs. M. W. Beckett		25. FUNERAL DIRECTOR'S SIGNATURE Glenn E. Hunt		ADDRESS Green City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

525

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 _____
Student Embalmer

Signed Carl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.