No. 300
10.48

FILED MAR 22 1957

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 8487

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 5546 Registrar's No. 22

**1. PLACE OF DEATH**
a. COUNTY: Howard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Franklin, Mo. Rural Franklin Twp.
c. LENGTH OF STAY (in this place): 25 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R. R. 1 Franklin, Mo.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Howard
c. CITY OR TOWN: Franklin 045
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): R. R. 1

**3. NAME OF DECEASED** (Type or Print)
a. (First): BERTIE
b. (Middle): B.
c. (Last): SWEARINGEN

**4. DATE OF DEATH** (Month) (Day) (Year): FEB. 28, 1957

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: April 18, 1901
**9. AGE** (In years last birthday): 55 — IF UNDER 1 YEAR: Months 10, Days 10 — IF UNDER 24 HRS.: Hours, Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): House wife
**10b. KIND OF BUSINESS OR INDUSTRY**: ----
**11. BIRTHPLACE** (City and State or Foreign Country): Howard County, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Stephen B. Shipp
**13b. MOTHER'S MAIDEN NAME**: Effie M. Kivett
**14. NAME OF HUSBAND OR WIFE**: Leonard W. Swearingen

**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**: Leonard W. Swearingen
**ADDRESS**: Franklin, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 6 m.

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Carcinoma ovary — 1 yr.

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**: 175X
**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* Nov, 1956, *to* Feb 28, 1957, *that I last saw the deceased alive on* Feb 28, 1957, *and that death occurred at* 2 P m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): M. P. Leeds MD
**23b. ADDRESS**: Fayette Mo
**23c. DATE SIGNED**: 3/12/57

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 3/3/1957
**24c. NAME OF CEMETERY OR CREMATORY**: Boonesboro Cemetery
**24d. LOCATION** (City, town, or county) (State): Boonesboro, Missouri

**DATE REC'D BY LOCAL REG.**: 3/12/57
**REGISTRAR'S SIGNATURE**: Mary K. Shell
**25. FUNERAL DIRECTOR'S SIGNATURE**: Ralph A. Carr
**ADDRESS**: Fayette, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

436
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MAR 27 1957

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, ~~[illegible]~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ralph A. Carr

Licensed Embalmer No. 334

P. O. Address Fayette, M

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