

FILED APR 30 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15950  
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 77

|  |                                  |   |   |   |  |
|--|----------------------------------|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Vernon</b>   |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b> |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Nevada</b>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY<br>OR<br>TOWN <b>Nevada</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <b>Nevada Hospital</b>   |                                  | Length of stay in 1b<br><b>16 hours</b>   | d. STREET<br>ADDRESS <b>725 W. Walnut</b>   |   | (If outside, give location)<br>Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br><b>Armpstead Woody Swearingen</b>  |                                  |   | 4. DATE OF DEATH<br><b>April 17, 1957</b>   |   |  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Sept 28, 1877</b>  |   | 9. AGE (In years last birthday)<br><b>79</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Banker</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Banking</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Metz, Missouri</b>   |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>  |
| 13. FATHER'S NAME<br><b>Peyton Swearingen</b>  |                                  |   | 14. MOTHER'S MAIDEN NAME<br><b>Caroline Hewett</b>  |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>494-18-8471</b>   | 17. INFORMANT<br>Address<br><b>Mrs. Woody Swearingen Nevada, Mo.</b>  |   |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Heart - Ventricular Tachycardia</b>  |                                  |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 1/2 Mo.</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>none</b><br>DUE TO (c)   |                                  |   |   |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)<br><b>Diabetes Mellitus, and age 260x</b>  |                                  |   |   |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                    |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/><br><b>none</b>  |                                  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)<br><b>No injury.</b>   |   |   |  |
| 20c. TIME OF INJURY<br>Hour <b>12:00</b> Month, Day, Year<br>p. m. <b>p.</b>   |                                  |   |   |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  |                                  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)<br><b>Nevada</b>  |   | 20f. CITY, TOWN, OR LOCATION<br><b>Vernon Mo</b>                |  |
| 21. I attended the deceased from <b>Jan 1957</b> to <b>Apr 1957</b> and last saw him alive on <b>Apr 17-57</b><br>Death occurred at <b>12:00 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |   |   |  |
| 22a. SIGNATURE<br><b>W. Love MD</b>  |                                  | 22b. ADDRESS<br><b>Nevada, Mo</b>   |   | 22c. DATE SIGNED<br><b>Apr 20/57</b>                            |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                  | 23b. DATE<br><b>4/19/57</b>   |   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Newton Burial Park</b> |  |
| 24. FUNERAL DIRECTOR<br><b>Richinger funeral Home-Nevada, Mo.</b>  |                                  | ADDRESS<br><b>4-27-1957</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>Anna G. Ferry</b>            |  |
|  |                                  |   |   | 26. REGISTRAR'S SIGNATURE                                       |  |

securing the medical certification in the specific manner required by law to be done by the coroner, 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

SEP 3 1957

**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.....

*Percy F. Webster*  
Licensed Embalmer No. 480  
P. O. Address *Seaside*

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.