

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29117**

FILED SEP 11 1957

BIRTH NO. _____ REG. DIST. NO. **311** PRIMARY REG. DIST. NO. **2456** Registrar's No. **25**

1. PLACE OF DEATH a. COUNTY St. Clair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Stearns	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Appleton City	c. LENGTH OF STAY (In this place) 3 wks	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Montrose	
d. FULL NAME OF HOSPITAL OR INSTITUTION Elett Memorial Hosp.		d. STREET ADDRESS (If rural, give location) 3 mi. N. Montrose	

3. NAME OF DECEASED (Type or Print) Bernard John Swaters			4. DATE OF DEATH (Month) (Day) (Year) Aug. 31 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 8. 1883		9. AGE (In years) (Last birth day) 78
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Attamont Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Swaters	13b. MOTHER'S MAIDEN NAME Elizabeth Wekamp	14. NAME OF HUSBAND OR WIFE Catharine Swaters
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Morris Swaters K. C. 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ADENOCARCINOMA OF AMPHLLAE		INTERVAL BETWEEN ONSET AND DEATH 4 mcs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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) _____	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 **May**, 1957, to **Aug 31**, 1957, that I last saw the deceased alive on **Aug 31**, 1957, and that death occurred at **1:55 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert H. Brawnsburgs, MD	23b. ADDRESS Appleton City Mo	23c. DATE SIGNED Aug 31 1957
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 3 57	24c. NAME OF CEMETERY OR CREMATORY Montrose Catholic Cem.
24d. LOCATION (City, town, or county) (State) Montrose Mo		

DATE REC'D BY LOCAL REG Sept. 5. 1957	REGISTRAR'S SIGNATURE Eles Abney	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Sickman-Dunning, Clinton, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300,
IC. 48

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

Robert L. Dunning

Licensed Embalmer No. *4718*

P. O. Address *Clinton 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.