

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40016

STATE FILE NUMBER

FILED DEC 13 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1146-A

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital			Length of stay in lb 41 yrs		d. STREET ADDRESS (If outside, give location) 1523 Pythian		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First JOHN Middle THOMAS Last SWEARENGIN				4. DATE OF DEATH Month Nov Day 26 Year 1957					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug 21, 1889		9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Mins _____	IF UNDER 24 HRS. Hours _____ Mins _____		
10a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Reynolds Mfg Co.		11. BIRTHPLACE (City and state or country) Douglas County, Mo		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Robert Swarengin				14. MOTHER'S MAIDEN NAME Sarah Trotter				14. MOTHER'S MAIDEN NAME Wife: Frances Swarengin	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) no			16. SOCIAL SECURITY NO. 491-03-5313		17. INFORMANT Address Frances Swarengin, 1532 Pythian				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease							INTERVAL BETWEEN ONSET AND DEATH 4 yrs		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) Myocardial Insufficiency		
DUE TO (c) _____							8 wks		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 4200							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		
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 _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____									
20d. INJURY OCCURRED WHILE AT WORK <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 4/7/54 to 11/26/57 and last saw her alive on 11/26/57 Death occurred at 6:00 a m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) A. M. K. Linger M.D.				22b. ADDRESS 1630 N. Jefferson, Springfield			22c. DATE SIGNED 11/27/57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/29/57	23c. NAME OF CEMETERY OR CREMATORY East Lawn Cemetery		23d. LOCATION (City, town, or county) (State) Springfield, Missouri				
24. FUNERAL DIRECTOR J. J. Jamieson			ADDRESS Springfield, Mo		25. DATE RECD. BY LOCAL REG. 12-12-57		26. REGISTRAR'S SIGNATURE James Williamson		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *[Handwritten Signature]*

Licensed Embalmer No.33

P. O. Address Springfield

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.