

STANDARD CERTIFICATE OF DEATH

45499  
STATE FILE NUMBER

FILED DEC 18 1957

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 395

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Bonne Terre</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Flat River</u>		Inside Limits 094 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Bonne Terre</u>			Length of stay in 1b <u>Nov. 28-1957</u>		d. STREET ADDRESS (If outside, give location) <u>219-4<sup>th</sup> St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Mr. Miles</u> Middle <u>Edgar</u> Last <u>Swaringin</u>				4. DATE OF DEATH Month <u>Dec</u> Day <u>6</u> Year <u>1957</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White-Cauc.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Sept 18-1892</u>		9. AGE (In years last birthday) <u>65-2-18</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Locomotive Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St. Joseph Lead Co.</u>		11. BIRTHPLACE (City and state or country) <u>Iron County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Mr. George Swaringin</u>				14. MOTHER'S MAIDEN NAME <u>Katharine Shuels</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-03-8788</u>		17. INFORMANT Address <u>Mr. Bebie Cado Swaringin 219-4<sup>th</sup> St. Flat R.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchogenic Carcinoma</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 yrs.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) _____ DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>Bronchial Asthma 10 yrs.</u>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <u>June 1955</u> to <u>Dec 6 1957</u> and last saw him alive on <u>12-6-57</u> Death occurred at <u>Dec 6-1957-9:05 A m</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>C. E. Coyleton MD</u>				22b. ADDRESS <u>Farmington Mo</u>		22c. DATE SIGNED <u>12-10-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>December 8-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Francois Memorial Park</u>		23d. LOCATION (City, town, or county) (State) <u>Bonne Terre Route No 1 Mo</u>	
24. FUNERAL DIRECTOR <u>Alvin W. Hook, Flat River, Mo</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>Dec. 10, 1957</u>		26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>	

89.

DEC 19 1957

DEC 30 1957

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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 *Alvin Hood*.....

Licensed Embalmer No. *278*  
*303 Crane St.*  
P. O. Address *Flet. River,*

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