URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 4 1959

59-036790
STATE FILE NUMBER

ENDED

Registration District No. 383 Primary Registration District No. 3037 Registrar's No. 121

1. PLACE OF DEATH
a. COUNTY Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt Vernon — Length of stay in 1b lifetime
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Lawrence
c. CITY OR TOWN Mt Vernon — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 922 S. Linn (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Charles Middle Vernon Last Swearingen
4. DATE OF DEATH: Month Oct Day 23 Year 1959
5. SEX M
6. COLOR OR RACE W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Dec-9-1884
9. AGE (last birthday) 75
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Carnation Co.
11. BIRTHPLACE (City and state or country) Mt Vernon, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Perry Swearingen
13b. MOTHER'S MAIDEN NAME Samantha Puckett
14. NAME OF HUSBAND OR WIFE Dora Swearingen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 487-03-9383 A
17. INFORMANT Dora Swearingen Address Mt Vernon, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebrovascular hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH 3 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Aplastic anemia. — 6 yrs +
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Rt hemiplegia – Aug 1, 1959
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Aug. 1942 to 10/22/59 and last saw him alive on 10/22/59.
Death occurred at 9:50 P m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE Kenneth Flower (Degree or title) MD
22b. ADDRESS Mt Vernon, Mo
22c. DATE SIGNED 10/27/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-27-59
23c. NAME OF CEMETERY OR CREMATORY Summit Cemetery
23d. LOCATION (City, town, or county) Mt Vernon (State) Mo.
24. FUNERAL DIRECTOR Max L Fossett ADDRESS Mt Vernon, Mo.
25. DATE RECD. BY LOCAL REG. 10-28-59
26. REGISTRAR'S SIGNATURE Cecil Hendrick

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Mat L. Fossett

Signature of Student Embalmer

Licensed Embalmer No. 4252

P. O. Address Mt Vernon, M

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