

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040881

FILED VS DEC 7 1959 184

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. 3038 Registrar's No. 135

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Brookfield</u>		Length of stay in 1b <u>2 yrs. 2 mo.</u>	c. CITY OR TOWN <u>Laclede</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cramer's Rest Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R. F. D. # 1</u>
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Cassie Leeta Swank</u>			4. DATE OF DEATH Month Day Year <u>December 2, 1959</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</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>1/16/1883</u>	9. AGE (last birthday) <u>76</u>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Laclede, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Isaac Mahurin</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Couch</u>		14. NAME OF HUSBAND OR WIFE <u>Arthur Swank</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>none</u>		17. INFORMANT <u>Arthur Swank, Laclede, Mo.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<u>Chronic Myocarditis</u> <u>3 yrs</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)	<u>Chronic Nephritis</u> <u>12 yrs</u>	
DUE TO (b)	<u>Arterio-sclerotic changes</u> <u>12 yrs</u>	
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 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 <u>Brookfield</u>	COUNTY <u>Linn</u>	STATE <u>Mo.</u>
21. I attended the deceased from <u>Jan 1 1945</u> to <u>12-2-59</u> and last saw her <u>alive</u> on <u>12-2-59</u> Death occurred at <u>4:30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>C. C. Enoch</u> (Degree or title) <u>Do.</u>	22b. ADDRESS <u>Brookfield Mo</u>	22c. DATE SIGNED <u>12-3-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec 4-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Old Fellow Cemetery</u>
24. FUNERAL DIRECTOR <u>Liee Funeral Home Brookfield, Mo.</u>		23d. LOCATION (City, town, or county) (State) <u>Linn, Missouri</u>

25. DATE RECD. BY LOCAL REG. <u>12-4-59</u>	26. REGISTRAR'S SIGNATURE <u>Katharine Johnson dep</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 18 1959

JAN 6 1960

**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 Gerald J. Wade

Licensed Embalmer No. 4172  
P. O. Address Brown

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.