RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

ILED VS MAY 31 1960

60-019094

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2008 Registrar's No. 574-B

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield — Length of stay in 1b: 5 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Ruffin Rest Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Greene
c. CITY OR TOWN: Springfield — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1118 West Webster — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Lillie Middle: Amy Last: Swain
4. DATE OF DEATH: Month: May Day: 15 Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: March 28, 1872
9. AGE (last birthday): 88 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ------
11. BIRTHPLACE (City and state or country): Dexter, Missouri
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Jacob R. Larue
13b. MOTHER'S MAIDEN NAME: Rhoda F. Perry
14. NAME OF HUSBAND OR WIFE: Jobe B. Swain
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. Fannie Turner, 1118 West Webster, Springfield, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Broncho Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 8 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): Bronchitis Chronic — years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Carcinoma Breast left (Radical Mastectomy 56)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 1953, to May 15, 60 and last saw her/him alive on May 14, 1960
Death occurred at 5:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. N. Wakeman MD (Degree or title)
22b. ADDRESS: Springfield Mo
22c. DATE SIGNED: 5-20-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5/19/1960
23c. NAME OF CEMETERY OR CREMATORY: Chadwick Cemetery
23d. LOCATION (City, town, or county) (State): Chadwick, Missouri

24. FUNERAL DIRECTOR: J. Dean Harris, ADDRESS: Clever, Missouri
25. DATE RECD. BY LOCAL REG.: 5-23-60
26. REGISTRAR'S SIGNATURE: Effie L. Melton

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed J. Dean Harris

Licensed Embalmer No. 4390

P. O. Address Clever, Mo.

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