MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-035645
STATE FILE NUMBER

AMENDED

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 171

FILED SEP 26 1961

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada
Length of stay in 1b: 7 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 614 N. Washington
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri
b. COUNTY Cedar
c. CITY OR TOWN Eldorado Springs
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 228 W. Olive
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)
First: Rosa
Middle: Pearl
Last: Drew

4. DATE OF DEATH Month, Day, Year: September 17, 1961

5. SEX: F
6. COLOR OR RACE: wh
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 8-28-1871
9. AGE (last birthday): 78
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): Pueblo, Colorado
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: unknown
13b. MOTHER'S MAIDEN NAME: Mary Elizabeth --------
14. NAME OF HUSBAND OR WIFE: Robert F. Swan

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.: unknown
17. INFORMANT: O. Craig Drew, 228 W. Olive, Eldorado Spgs 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) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instantaneous
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis, Generalized — Unknown
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Hypertension, Moderate

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 February 23, 1959, to June 3, 1961 and last saw her alive on Aug. 28 1961
Death occurred at Nevada, Mo. 3:00 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L. P. McCann, M.D. — L.P.McCann, M. D.
22b. ADDRESS: Moore Bldg., Nevada, Missouri
22c. DATE SIGNED: 9-22-61

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 9-19-1961
23c. NAME OF CEMETERY OR CREMATORY: Eldorado Springs, Cemetery
23d. LOCATION (City, town, or county) (State): Eldorado Springs, Missouri

24. FUNERAL DIRECTOR: Gwinn-Carothers Funeral Home
ADDRESS: Eldorado Springs Missouri
25. DATE RECD. BY LOCAL REG.: 9-23-1961
26. REGISTRAR'S SIGNATURE: Anna E. Perry

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 L. Douglas Farry

Licensed Embalmer No. 4980

P. O. Address Nevada Missou

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.