

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-008818

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2461**

FILED MAR 7 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		a. STATE Missouri b. COUNTY Franklin	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		c. CITY OR TOWN St. Clair, Missouri d. STREET ADDRESS (If outside, give location) 705 Virginia Mines Rd.	
3. NAME OF DECEASED (Type or print) First WESLEY Middle NMN Last SWARINGIM		4. DATE OF DEATH Month MARCH Day 2 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-10-1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor in lead mines		10b. KIND OF BUSINESS OR INDUSTRY Lead Mines	9. AGE (last birthday) 83
13a. FATHER'S NAME George W. Swaringim		13b. MOTHER'S MAIDEN NAME Mary Sherrill	11. BIRTHPLACE (City and state or country) Iron County, Mo
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		14. NAME OF HUSBAND OR WIFE Ida Swaringim	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF ESOPHAGUS		17. INFORMANT Address Ida Swaringim St. Clair, Mo.	
DUE TO (b) _____		INTERVAL BETWEEN ONSET AND DEATH 27 YEARS	
DUE TO (c) _____		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	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20c. TIME OF INJURY _____		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 150x	
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 SEPTEMBER 21, 1959 to MARCH 2, 1962 and last saw her/him alive on MARCH 2, 1962 Death occurred at 8:55 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>E. Vermillion M.D.</i> (Degree or title)		22b. ADDRESS BARNES HOSPITAL	
23a. BURIAL CREMATION, REMOVAL (Specify) burial		22c. DATE SIGNED 3/2/62	
23b. DATE 3-4-62		23c. NAME OF CEMETERY OR CREMATORY Midlawn Memorial Gardens Cem	
24. FUNERAL DIRECTOR Sherwood W. Kitchell ADDRESS St. Clair, Mo.		23d. LOCATION (City, town, or county) Union, Missouri (State)	
25. DATE RECD. BY LOCAL REG. MAR 3 1962		26. REGISTRAR'S SIGNATURE <i>Loal Smith M.D.</i>	

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 Shemond W. Kitchell

Licensed Embalmer No. 3873

P. O. Address St. Clair, Mo

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.