

FILED APR 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11763**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 101	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Cape Girardeau		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		a. STATE Missouri		b. COUNTY Cape Girardeau	
c. LENGTH OF STAY (in this place) life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		d. STREET ADDRESS (If rural, give location) 1132 N. Frederick		1132 N. Frederick	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1132 N. Frederick				d. STREET ADDRESS (If rural, give location) 1132 N. Frederick			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) Vernita		b. (Middle) -----		c. (Last) Swan		Month (Day) (Year) April 11, 1949	
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 30, 1912	
9. AGE (In years last birthday) 36		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Allenville, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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 (State or foreign country) Allenville, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jesse Coates		13b. MOTHER'S MAIDEN NAME Lutie Sides		14. NAME OF HUSBAND OR WIFE Ottis Swan SWAN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME Ottis Sides		ADDRESS Cape Girardeau, Mo.	
18. CAUSE OF DEATH				19. MAJOR FINDINGS OF OPERATION			
Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Calculus				INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.							
II. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION Feb 1949		19b. MAJOR FINDINGS OF OPERATION Stomach		20. AUTOPSY?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb. 21, 1949 , to April 11, 1949 , that I last saw the deceased alive on April 11, 1949 , and that death occurred at 5:55 P. m. , from the cause and on the date stated above.							
23a. SIGNATURE [Signature]				23b. ADDRESS Cape Girardeau		23c. DATE SIGNED 4/11/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 16, 1949		24c. NAME OF CEMETERY OR CREMATORY Fairmont Cemetery		24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.	
DATE REC'D BY LOCAL REG. 4-15-1949		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE F. J. Sparks		ADDRESS Cape Girardeau, Mo.	

RECEIVED

District Health Officer No. 4

District File Number 449-5

Date Filed 4-18-49

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
Student Embalmer

Signed Frank J. Sparks

Licensed Embalmer No. 3458

P. O. Address Cape Breton

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 this body is not embalmed, fact should be so stated above.