

S. No. 300  
v. 10.48

FILED JUL 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23996

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 12-176 PRIMARY REG. DIST. NO. 5459 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u>		b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Halltown</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Halltown</u>		d. STREET ADDRESS (If rural, give location) <u>Southwest of Ash Grove, Mo R. 3.</u>	
c. LENGTH OF STAY (In this place) <u>Native</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southwest of Ash Grove,</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Benjiman</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Swinney</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7 5 49</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1-22-1870</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>13</u>	IF UNDER 1 HRS. Hours <u>1</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James Martin Swinney</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Hannah Abagale Swinney</u>
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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'S SIGNATURE OR NAME <u>Hannah Abagale Swinney</u>	18. ADDRESS <u>Box 23</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>URÆMIA</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOULAR NEPHROSCLEROSIS</u> DUE TO (c) <u>ARTERIOSCLEROSIS</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>  <u>15 yrs.</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 (Month) (Day) (Year) (Hour)	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 June, 1947, to July 4, 1949, that I last saw the deceased alive on July 4, 1949, and that death occurred at 3:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thomas F. Matz, M.D.</u>	23b. ADDRESS <u>Ash Grove, Mo</u>	23c. DATE SIGNED <u>7-5-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-6-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Johns Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Greene County, Mo</u>
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DATE REC'D BY LOCAL REG. <u>7/10/49</u>	REGISTRAR'S SIGNATURE <u>Shene O. Wilson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Morris Seiman</u>	ADDRESS <u>Ash Grove, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

555

7/10/49

(Sealed Embalmer's Statement on Reverse Side)

AUG 1 2 1948

**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 \_\_\_\_\_

*Paul V. Louty*

Student Embalmer No. 226

working under my personal supervision.

Signed *Paul V. Louty*  
Student Embalmer

Signed *E. R. Seiman*

Licensed Embalmer No. 3297

P. O. Address Miller 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 this body is not embalmed, fact should be so stated above.

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#412117