

FILED DEC 19 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43568**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **371** PRIMARY REG. DIST. NO. **6259** Registrar's No. **33**

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

1. PLACE OF DEATH a. COUNTY <b>Webster</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Webster</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>(E. BENTON) T.W.P.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>110</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>Fordland Rt. 2</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>David</b>	b. (Middle) <b>FRANKLIN</b>	c. (Last) <b>SWEARINGIN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 2 1949</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 9, 1873</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>76</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
11. BIRTHPLACE (State or foreign country) <b>Douglas County Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Levi Swearingin</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Ann Bookout</b>	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Miss Ada Walker Fordland Mo</b>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Myocardial Failure</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <b>Chronic myocarditis</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>4222</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION:	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 (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 **April 15, 1945**, to **Dec 2, 1949** that I last saw the deceased alive on **Dec 1, 1949** and that death occurred at **2:28 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>D. R. Schultz, M.D.</b>	23b. ADDRESS <b>Fordland Mo.</b>	23c. DATE SIGNED <b>12/5/49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-4-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Union Chapel</b>
DATE REC'D BY LOCAL REG. <b>12-10-49</b>	REGISTRAR'S SIGNATURE <b>Arthur W. Good</b>	24d. LOCATION (City, town, or county) (State) <b>Fordland R.F. #2 Mo</b>
25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter Ferrell Bergman</b>		ADDRESS <b>Seymour Mo.</b>

RECEIVED DEC 13 1949

District Health Office No. 6,

District File Number 1249-1339

Date Filed 12-14-49

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 H. H. Kelley

Licensed Embalmer No. 3334

P. O. Address Fordland 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.