S. No. 300
v. 10-48

0660

FILED FEB 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1802

BIRTH NO. _____ REG. DIST. NO. 213 PRIMARY REG. DIST. NO. 5781 Registrar's No. 2 50

1. PLACE OF DEATH
a. COUNTY Miller
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brumley
c. LENGTH OF STAY (in this place) life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) No

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Miller
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brumley 0660 0
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) George b. (Middle) Roderick c. (Last) Swenehart

4. DATE OF DEATH (Month) 1 (Day) 25 (Year) 50

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH April 17, 1870
9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR Months 9 Days 8 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Frming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jacob Swenehart
13b. MOTHER'S MAIDEN NAME Margaret Kay
14. NAME OF HUSBAND OR WIFE Leona Swenehart

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. 488-18-6914
17. INFORMANT'S SIGNATURE OR NAME Leona Swenehart ADDRESS Brumley, Mo.

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) Hypostatic Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Bronchitis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Invalidism Mal-nutrition

INTERVAL BETWEEN ONSET AND DEATH: 5021

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1949, *to* Jan 25, 1950, *that I last saw the deceased alive on* Jan 25, 1950, *and that death occurred at* 11:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE Byron L. Duncan, DO (Degree or title) 2
23b. ADDRESS Ulman, Mo
23c. DATE SIGNED 1-31-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1/28/50
24c. NAME OF CEMETERY OR CREMATORY Hawkins Cemetery
24d. LOCATION (City, town, or county) Brumley (State) Missouri

DATE REC'D BY LOCAL REG. Jan. 31, 1950
REGISTRAR'S SIGNATURE Mrs. C R Hawkins 193
25. FUNERAL DIRECTOR'S SIGNATURE Walter P. Hedges ADDRESS Iberia, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 10 1950
District Health Officer No. 9,
District File Number.....

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 Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address Iberia, Missouri

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.