

FILED JUL 31 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23252  
Registrar's No. 662

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

396  
0

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

|                                                                                         |  |                                                                                                                                           |  |
|-----------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Greene</u>                                            |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>                                                   |  |
| c. LENGTH OF STAY (In this place) <u>3 hours</u>                                        |  | d. STREET ADDRESS (If rural, give location) <u>State Hotel</u>                                                                            |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>                           |  |                                                                                                                                           |  |

|                                     |                         |                            |                          |                                       |
|-------------------------------------|-------------------------|----------------------------|--------------------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Laura</u> | b. (Middle) <u>Swinney</u> | c. (Last) <u>Barnett</u> | 4. DATE OF DEATH (Month) (Day) (Year) |
|                                     |                         |                            |                          | <u>July 25 1950</u>                   |

|                      |                               |                                                                       |                                           |                                           |                 |                  |
|----------------------|-------------------------------|-----------------------------------------------------------------------|-------------------------------------------|-------------------------------------------|-----------------|------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>December 17, 1971</u> | 9. AGE (In years last birthday) <u>78</u> | IF UNDER 1 YEAR | IF UNDER 24 HRS. |
|                      |                               |                                                                       |                                           |                                           | Months          | Days             |

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

|                                           |                                                |                                   |
|-------------------------------------------|------------------------------------------------|-----------------------------------|
| 13a. FATHER'S NAME <u>William Swinney</u> | 13b. MOTHER'S MAIDEN NAME <u>Betty Thurman</u> | 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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Miss Ruth Silver, Kansas City, Missouri</u> | ADDRESS _____ |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------|---------------|

|                                                                                                                                                                                                                                 |                                                                                                                                                                  |  |                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastro-intestis.</u>                                                                                   |  | INTERVAL BETWEEN ONSET AND DEATH |
|                                                                                                                                                                                                                                 | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |                                  |
|                                                                                                                                                                                                                                 | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death <u>Anterior Sclerosis</u>     |  |                                  |

|                              |                                        |                                                                                  |
|------------------------------|----------------------------------------|----------------------------------------------------------------------------------|
| 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 7:25, 1950, to same, that I last saw the deceased alive on 7/25, 1950, and that death occurred at 7:30 P m., from the causes and on the date stated above.

|                                                        |                                     |                          |
|--------------------------------------------------------|-------------------------------------|--------------------------|
| 23a. SIGNATURE <u>NOY HOUSE M.D.</u> (Degree or title) | 23b. ADDRESS <u>Springfield, MO</u> | 23c. DATE <u>7/27/50</u> |
|--------------------------------------------------------|-------------------------------------|--------------------------|

|                                                         |                                |                                                              |                                                                          |
|---------------------------------------------------------|--------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>July 27, 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Ash Grove Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Ash Grove, Missouri</u> |
|---------------------------------------------------------|--------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------|

|                                         |                                           |                                                     |                                    |
|-----------------------------------------|-------------------------------------------|-----------------------------------------------------|------------------------------------|
| DATE REC'D BY LOCAL REG. <u>7-28-50</u> | REGISTRAR'S SIGNATURE <u>W.E. Handley</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Lehman</u> | ADDRESS <u>B7W Springfield, Mo</u> |
|-----------------------------------------|-------------------------------------------|-----------------------------------------------------|------------------------------------|

FORM 12 (REV. 1-27-60)

**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.

Signed Bernard F. Wright

Signed.....  
Student Embalmer

Licensed Embalmer No. 4293

P. O. Address Springfield, 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.