

FILED OCT 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31294

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 309

1. PLACE OF DEATH a. COUNTY PETTIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY: PETTIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEDALIA		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEDALIA	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1220 SOUTH LAMINE		d. STREET ADDRESS (If rural, give location) 1220 SOUTH LAMINE	

3. NAME OF DECEASED (Type or Print) a. (First) JANIE b. (Middle) GREER c. (Last) SWOPE			4. DATE OF DEATH (Month) (Day) (Year) Sept. 29, 1950			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 13, 1880	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Longwood, Mo		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME John W. Greer	13b. MOTHER'S MAIDEN NAME Mary E. Head	14. NAME OF HUSBAND OR WIFE Charles W. Swope
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME John G. Swope., Sedalia, Mo.	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 days.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral accident,		
	ANTECEDENT CAUSES With senile dementia, Gradual onset. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis, Gradual onset. General and marked. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Inanition.		331X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION No operation.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural death.	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) xxx
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) No injury.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? No injury.

22. I hereby certify that I attended the deceased from **Sept. 4th, 19 50 to Sept. 28, 1950**, that I last saw the deceased alive on **Sept. 28, 19 50**, and that death occurred at **6.20 A.M.** on the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. A. Grader, M.D.	23b. ADDRESS 112 West 4th Street, Sedalia, Mo.	23c. DATE SIGNED 10-3-50.
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 2, 1950	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Sedalia, Mo.
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DATE REC'D BY LOCAL REG. 10-2, 1950	REGISTRAR'S SIGNATURE A. J. Campbell	25. FUNERAL DIRECTOR'S SIGNATURE W. Beckert	ADDRESS Sedalia, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

8804

RECEIVED ¹⁰⁻¹¹⁻⁵⁰

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 10-11-50

NOV 17 1950

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 W. Beckert

Licensed Embalmer No. 3470

P. O. Address Sidalia, 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.