

FILED DEC 7 1950

STANDARD CERTIFICATE OF DEATH

State File No. 37634

Registrar's No. 25

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5652

550

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

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>La Russell</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>La Russell</u> <u>USSR</u>	
c. LENGTH OF STAY (in this place) <u>Native</u>		d. STREET ADDRESS (If rural give location) <u>RR # Greene Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rebecca</u> b. (Middle) <u>Jane</u> c. (Last) <u>Swearingen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-19-1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>2-15-1860</u>
9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR <u>8</u> Months	IF UNDER 1 YEAR <u>4</u> Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pensioner</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Bates Co. Mo.</u>
			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Finis Means</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Landrum</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Emma Snow LaRussell Mo</u> ADDRESS	
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.			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar pneumonia</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>490X</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) (Min.)	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 <u>10-9</u> , 19 <u>50</u> , to <u>10-19</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>10-18</u> , 19 <u>50</u> , and that death occurred at <u>10-6</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. S. Burney M.D.</u>		23b. ADDRESS <u>LaRussell Mo.</u>	23c. DATE SIGNED <u>11-15-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>10-20-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greys Point</u>	24d. LOCATION (City, town, or county) (State) <u>N.W. & Milber Mo.</u>
DATE REC'D BY LOCAL REG. <u>11-1-50</u>	REGISTRAR'S SIGNATURE <u>W. S. Burney 158</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J.R. Feiman Milber Mo.</u> ADDRESS	

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED NOV 30 1950

Dist. File 1250-2390

Date Filed 12-5-50

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

E. R. Luman

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.