

FILED JUL 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23742

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 237

1. PLACE OF DEATH
a. COUNTY Marion
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal
c. LENGTH OF STAY (If in this place) 6/5/51
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Ralls
c. CITY (If outside corporate limits, write RURAL and give township) New London 0870
d. STREET ADDRESS (If rural, give location) R R # 3

3. NAME OF DECEASED
a. (First) Earl Raymond Swan b. (Middle) (Earl R.) c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year) July 17, 1951

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH October 24, 1889
9. AGE (In years last birthday) 61 IF UNDER 1 YEAR: Months 8 Days 23 IF UNDER 1 YEAR: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boiler Inspector 10b. KIND OF BUSINESS OR INDUSTRY C.B.&Q. 11. BIRTHPLACE (State or foreign country) Pike County Illinois 12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Benjamin Swan 13b. MOTHER'S MAIDEN NAME Nancy Purcell 14. NAME OF ~~HUSBAND~~ WIFE Florence Rice Swan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None 16. SOCIAL SECURITY NO. 707-05-7361 17. INFORMANT'S SIGNATURE OR NAME Mrs. Earl R. Swan ADDRESS R R # 3 New London Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
Sarcoma
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sarcoma
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) us
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
1991

19a. DATE OF OPERATION 8-4-50 19b. MAJOR FINDINGS OF OPERATION: Sarcoma of Abdomen 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) _____ 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 _____, 19____, to July 17, 1951, that I last saw the deceased alive on July 10, 1951, and that death occurred at 7:25 pm., from the causes and on the date stated above.

23a. SIGNATURE Dr. Harold M.D. (Degree or title) 23b. ADDRESS Hannibal Mo 23c. DATE SIGNED 7-18-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 7/19/51 24c. NAME OF CEMETERY OR CREMATORY Grandview Burial Park 24d. LOCATION (City, town, or county) (State) Hannibal Ralls Missouri

DATE REC'D BY LOCAL REG. 7-21-51 REGISTRAR'S SIGNATURE NE Luckert Deputy 25. FUNERAL DIRECTOR'S SIGNATURE W Crawford Smith ADDRESS Hannibal Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

64/4
0

RECEIVED JUL 24 1951
MORRISON CO. HEALTH DEPT.
DATE FILED JUL 24 1951

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

John S Stand
Licensed Embalmer No.....4540

P. O. Address.....Hannibal 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.