

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23760

State File No.

No. 300
10. 48

FILED AUG 7 1951

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 4321 Registrar's No. 66

650

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

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Mercer	
b. CITY (If outside corporate limits, write RURAL and give town) Mercer		c. LENGTH OF STAY (in this place) 32 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) Mercer 0650	
3. NAME OF DECEASED (Type or Print) a. (First) Maryetta		d. STREET ADDRESS (If rural, give location)	
b. (Middle)		4. DATE OF DEATH (Month) (Day) (Year) 7-11-51	
c. (Last) Swingle		5. SEX female	
6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH 12-8-1865		9. AGE (In years last birthday) 85	
10a. USUAL OCCUPATION (Give kind of work done during year or kind of work, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Perkins		13b. MOTHER'S MAIDEN NAME Perkins	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no	
16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Lora Harley Mercer, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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"/>	
22. I hereby certify that I attended the deceased from Nov 10, 1950 , to July 11, 1951 , that I last saw the deceased alive on July 1, 1951 , and that death occurred at 5:30 A.M. , from the causes and on the date stated above.		22. HOW DID INJURY OCCUR?	
23a. SIGNATURE Luca Dawson (Degree or title)		23b. ADDRESS Mercer, Mo	
23c. DATE SIGNED July 27 51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 7-13-51		24c. NAME OF CEMETERY OR CREMATORY Middlepoint	
24d. LOCATION (City, town, or county) (State) Mercer Co., Mo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Noel Moss Princeton, Mo	
DATE REC'D BY LOCAL REG. 7/30		REGISTRAR'S SIGNATURE 393	



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 *JM*

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Paul Mass

Licensed Embalmer No. *2634*

P. O. Address *Camerton, 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.