

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34061

State File No. ....

No. 300  
10.48

FILED NOV 10 1951

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>476</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution): a. STATE <u>Mo</u> b. COUNTY <u>Jasper</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. LENGTH OF STAY (In this place) <u>4 wks</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Saracaye 0490</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>Gen Hill 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eunice E</u> b. (Middle) <u>Swanson</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>10-17-51</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married 1</u>	8. DATE OF BIRTH <u>7-7-1913</u>		9. AGE (In years last birthday) <u>38</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
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 <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Saracaye Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>Mo</u>	
13a. FATHER'S NAME <u>Luther Cochran</u>		13b. MOTHER'S MAIDEN NAME <u>Lula Wisdom</u>		14. NAME OF HUSBAND OR WIFE <u>John Swanson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>✓</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>John Swanson</u>		ADDRESS <u>Saracaye Mo</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 min</u>	
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>acute pelvic infection</u>					<u>1 month</u>	
	DUE TO (c) <u>Toxic hepatitis</u>					<u>1 month</u>	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Syphilis</u>					<u>15 yrs</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 <u>July 1948</u> , to <u>Oct 17, 1951</u> , that I last saw the deceased alive on <u>Oct 16, 1951</u> , and that death occurred at <u>8:10 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. E. Killane, D.O.</u>				23b. ADDRESS <u>Saracaye Mo</u>		23c. DATE SIGNED <u>Oct 17-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-19-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hudman Cem</u>		24d. LOCATION (City, town, or county) _____ (State) <u>Mo</u>		
DATE REC'D BY LOCAL REG. <u>10-22-51</u>		REGISTRAR'S SIGNATURE <u>E. J. Thomas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. J. Jackson &amp; Sons</u>		ADDRESS <u>Saracaye Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 11-5-51  
Jasper County Health Office  
County File Number 51/11/816  
Date Filed 11-5-51

NOV 10 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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed W.M.K. Jackson

Licensed Embalmer No. 3954

P. O. Address Sarcoxie 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.