S. No. 300
v. 10.48

FILED JAN 9 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2474

State File No. 6053

BIRTH NO. _____ REG. DIST. NO. 311 PRIMARY REG. DIST. NO. ~~4054~~ Registrar's No. 1

0930
1

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

1. PLACE OF DEATH
a. COUNTY: ST. CLAIR
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): APPLETON CITY MO.
c. LENGTH OF STAY (in this place): 5 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: ST CLAIR
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): APPLETON CITY MO. (RURAL)
d. STREET ADDRESS (If rural, give location): 0930

3. NAME OF DECEASED (Type or Print) a. (First) Lea b. (Middle) Verdie c. (Last) Swopes

4. DATE OF DEATH (Month) (Day) (Year): Jan. 2 - 52

5. SEX: M. 0
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Oct. 17 1898
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months 2, Days 15 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Dell Mo. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Swopes
13b. MOTHER'S MAIDEN NAME: Sarah Vanderpool
14. NAME OF HUSBAND OR WIFE: Jula Swopes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No.
17. INFORMANT'S SIGNATURE OR NAME: Vernon M. Swopes 7803-E-40 Hiway KC, Mo. 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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Lung.
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: 163X
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) m.
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* Aug, 1951, *to* Jan 2, 1952, *that I last saw the deceased alive on* Jan 2, 1952, *and that death occurred at* 11:35 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. B. Domann DD.
23b. ADDRESS: Henry City Mo.
23c. DATE SIGNED: 1-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 11
24b. DATE: Jan. 6-52
24c. NAME OF CEMETERY OR CREMATORY: Appleton City Cem.
24d. LOCATION (City, town, or county) (State): Appleton City, Mo.

DATE REC'D BY LOCAL REG.: Jan. 4, 1952.
REGISTRAR'S SIGNATURE: Cleo Abney 2.45 0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: ~~Appleton~~ Oscar Eckhoff Appleton City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JAN 8 1952

RECEIVED
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed JAN 8 1952

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 Oscar Eckhoff

Signed
Student Embalmer

Licensed Embalmer No. 3942

P. O. Address Appleton City, 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.