

FEB 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4747

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 444

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| 1. PLACE OF DEATH a. COUNTY <u>Henry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montrose</u> | |
| c. LENGTH OF STAY (in this place) <u>12 days</u> | | d. STREET ADDRESS (If rural, give location) <u>in Montrose</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) <u>Vincent Swaters</u> | a. (First) | (Middle) | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) <u>2-14-1952</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u> | 8. DATE OF BIRTH <u>2-8-1921</u> | 9. AGE (In years last birthday) <u>31</u> | IF UNDER 1 YEAR Months - Days | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Schooler</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Montrose Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>George Swaters</u> | 13b. MOTHER'S MAIDEN NAME <u>Senora Owens</u> | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>500-14-2957</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Senora Swaters</u> | ADDRESS <u>Montrose Mo</u> |
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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic glomerulonephritis</u> | | |
| | DUE TO (c) <u>Diabetes mellitus</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION <u>none</u> | 19b. MAJOR FINDINGS OF OPERATION <u>592X</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 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? |
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22. I hereby certify that I attended the deceased from Jan 19, 1952, to Feb 14, 1952, that I last saw the deceased alive on Feb 13, 1952, and that death occurred at 8:40 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>S. B. Hughes</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Clinton, Mo.</u> | 23c. DATE SIGNED <u>2/15/52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Feb-16-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Montrose catholic</u> | 24d. LOCATION (City, town, or county) (State) <u>Montrose Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>Feb-15-52</u> | REGISTRAR'S SIGNATURE <u>Florence Adams</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Sickman-Dunning</u> | ADDRESS <u>Clinton Mo</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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