S. No. 300
v. 10.48

FILED APR 24 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13410

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 55

0512

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Warrensburg
c. LENGTH OF STAY (in this place) 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 608 S. Holden

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Warrensburg 0512
d. STREET ADDRESS (If rural, give location) 213 Loban St. 0

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Lee c. (Last) Swope

4. DATE OF DEATH (Month) (Day) (Year) April 17, 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 11, 1873
9. AGE (In years last birthday) 78 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Homemaking
11. BIRTHPLACE (State or foreign country) Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas J. Wilborn
13b. MOTHER'S MAIDEN NAME Clementine Yokley
14. NAME OF HUSBAND OR WIFE Ervin V. Swope

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. None
17. INFORMANT'S SIGNATURE OR NAME E.V. Swope ADDRESS Warrensburg, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive heart disease — 10 years
E9030
DUE TO (c) 20

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture left ramus of pubis — 2 weeks

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none 048
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Lees Summit Mo
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Lees Summit Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April 5, 1952 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Fell on floor

22. I hereby certify that I attended the deceased from 4-13-52, 19__, to 4-17, 1952 that I last saw the deceased alive on 4-17, 1952, and that death occurred at 6:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE [signature] 0 (Degree or title) Emd
23b. ADDRESS Warrensburg Mo
23c. DATE SIGNED 4-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0
24b. DATE 4-19-52
24c. NAME OF CEMETERY OR CREMATORY Knobnoster Cemetery
24d. LOCATION (City, town, or county) (State) Knobnoster, Missouri

DATE REC'D BY LOCAL REG. Apr. 19, 1952
REGISTRAR'S SIGNATURE Savannah Certenfield 147-0
25. FUNERAL DIRECTOR'S SIGNATURE R.G. Brauninger ADDRESS Warrensburg, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
APR 22 1952
JOHNSON COUNTY HEALTH DEPT.

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 R A Bauninger

Signed.....
Student Embalmer

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.