

FILED JUL 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19322

0050

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

BIRTH NO. _____		REG. DIST. NO. <u>13</u>		PRIMARY REG. DIST. NO. <u>5062</u>		Registrar's No. <u>54</u>	
1. PLACE OF DEATH a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>			
b. CITY OR TOWN <u>Purdy, Purdy, Purdy, Mo.</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Purdy, Purdy, Purdy, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Purdy, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Purdy, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>Purdy, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u>		b. (Middle) <u>Ann</u>		c. (Last) <u>Swadley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 4 - 1952</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Aug. 30 - 1884</u>	
9. AGE (In years last birthday) <u>67</u>		10. MONTHS <u>10</u>		11. DAYS <u>4</u>		12. HOURS <u>4</u>	
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>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Stone County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>John Thomas</u>			
13b. MOTHER'S MAIDEN NAME <u>Julia Bradley</u>				14. NAME OF HUSBAND OR WIFE <u>Ashley Swadley (dead)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dr. A. Sims - Purdy, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u></p> <p>INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u></p> <p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>				II. OTHER SIGNIFICANT CONDITIONS			
				<p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p>			
				<p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or conditions causing death.</p>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>331X</u>		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"/>		21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>7-4</u> , 19 <u>52</u> , to <u>7-4</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>7-4</u> , 19 <u>52</u> , and that death occurred at <u>8:10</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. D. Baldwin</u> (Degree or title) _____		23b. ADDRESS <u>Purdy Mo</u>		23c. DATE SIGNED <u>7-5-52</u>			
24a. BURLIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 6 - 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kings Prairie</u>		24d. LOCATION (City, town, or county) (State) <u>East of Monett, Mo</u>	
DATE REC'D BY LOCAL REG. <u>July 6 - 1952</u>		REGISTRAR'S SIGNATURE <u>Oliver W. Warrington</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Bennett - Warrington</u>		ADDRESS <u>Monett, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

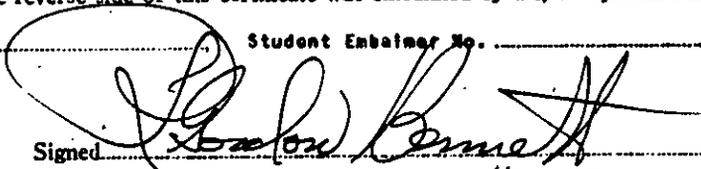
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed 

Licensed Embalmer No. 4213

P. O. Address Monett 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.