

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9592**

FILED APR 12 1954

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **143**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. LENGTH OF STAY (In this place) Life	c. CITY OR TOWN Sedalia
d. FULL NAME OF HOSPITAL OR INSTITUTION: 1300 East 13th, St.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) CAMMIE b. (Middle) C. c. (Last) SWEARINGEN		4. DATE OF DEATH (Month) (Day) (Year) April 7, 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 5, 1879
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Georgetown, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John E. Rector	
13b. MOTHER'S MAIDEN NAME Mary Edwards		14. NAME OF HUSBAND OR WIFE Robert L. Swearingen (d)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Harold Yunker, Sedalia, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolism. Antecedent Causes Chronic Myocarditis. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Virus Infection-Pulmonary	
Interval between onset and death Few minutes. Over 5 yrs. 7 days.		19a. DATE OF OPERATION _____	
19b. MAJOR FINDINGS OF OPERATION Medical only.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None.	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) None.	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 April 6, 1954 to April 7th, 1954 , that I last saw the deceased alive on April 6, 1954 , and that death occurred at 11 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE Jno. B. Carlisle, M.D.		23b. ADDRESS Sedalia, Missouri.	
23c. DATE SIGNED 4-9-54		23d. SIGNATURE J. B. Carlisle, M.D.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/9/1954	24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery	24d. LOCATION (City, town, or county) (State) Sedalia, Mo.
DATE REC'D BY LOCAL REG. 4-9-54	REGISTRAR'S SIGNATURE C. J. Campbell	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Beckert	ADDRESS Sedalia, Mo.

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

(Licensed Embalmer's Stamp on Reverse Side)

OCT 11 1930

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.....
Signature of Student Embalmer

Signed *Russell C. Maag*.....
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Licensed Embalmer No.....

P. O. Address *Sedalia*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.