

0.300
0.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37148**

FILED DEC 13 1954

BIRTH NO. _____ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **4204** Registrar's No. **184**

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Grundy	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Laredo	c. LENGTH OF STAY (in this place) 26 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Laredo	
d. FULL NAME OF HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/>		d. STREET ADDRESS (If rural, give location) <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) Leoda Swayze			4. DATE OF DEATH (Month) (Day) (Year) Nov 23 1954		
a. (First)	b. (Middle)	c. (Last)			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH March 27 1883		9. AGE (In years last birthday) 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Grundy County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Calab Swayze	13b. MOTHER'S MAIDEN NAME Sarah F. Thompson	14. NAME OF HUSBAND OR WIFE None
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Leon Swayze	ADDRESS Laredo
---	-------------------------------------	--	-----------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Peritonitis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Strangulated Hernia DUE TO (c) Hernia		
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 5601	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 **Nov 19 1954** to **Nov 23 1954**, that I last saw the deceased alive on **Nov 23 1954**, and that death occurred at **11:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE G. Harris MD	(Degree or title)	23b. ADDRESS Prenton Mo	23c. DATE SIGNED 11/24/54
------------------------------------	-------------------	--------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/26/1954	24c. NAME OF CEMETERY OR CREMATORY Laredo Cemetery	24d. LOCATION (City, town, or county) (State) Laredo Mo
---	-----------------------------	---	--

DATE REC'D BY LOCAL REG. 11-25-54	REGISTRAR'S SIGNATURE Irene Jau	115	25. FUNERAL DIRECTOR'S SIGNATURE F. J. Robertson	ADDRESS Funeral Home Laredo
--	--	-----	---	------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 25 1958

JUN 27 1962

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

J. M. Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo, 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.