

No. 300
10.48

40711

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 20 1954

BIRTH NO. _____		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>4206</u>		Registrar's No. <u>121</u>	
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>New Hampton</u>		c. LENGTH OF STAY (In this place) <u>2 1/2</u>		c. CITY OR TOWN <u>New Hampton</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home North part of New Hampton</u>				e. STREET ADDRESS (If rural, give location) <u>North part of New Hampton</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANISE</u>		b. (Middle) <u>C.</u>		c. (Last) <u>SWEARENGEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 12 1954</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov 25 1861</u>	
9. AGE (In years last birthday) <u>93</u>		IF UNDER 1 YEAR Months <u>17</u> Days _____		IF UNDER 1000 Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Wife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Phillips H</u>		13b. MOTHER'S MAIDEN NAME <u>Isabelle Dwyer</u>		14. NAME OF HUSBAND OR WIFE <u>William Swearingen</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>W. S. Clabaugh New Hampton Mo</u>			
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) <u>House burned to ground, burning to death Mrs Anise Swearingen then son John Clabaugh</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>to death Mrs Anise Swearingen</u> DUE TO (c) <u>then son John Clabaugh</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death. Body burned beyond recognition</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Sudden Death</u> <u>E. 9:00</u> <u>10</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>New Hampton Harrison Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 12 1954 10:00</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>House burned to ground. 041</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:45 p.m.</u> , from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) <u>Joseph E. Marshall D.C. - Coroner Harrison County</u>				23b. ADDRESS <u>Harrison County</u>		23c. DATE SIGNED <u>12-12-1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 14 1954</u>		24c. NAME OF CEMETERY OR CRYPTORY <u>Jones Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Harrison County Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-13-54</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W H Wolfe Edon New Hampton Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 27 1955

MAY 14 1957

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 Ma....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. H. Noble.....

Licensed Embalmer No. 2907

P. O. Address New Hampton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.