No. 300
10.48

FILED FEB 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7027

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 45-15 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY: SULLIVAN 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MILAN
c. LENGTH OF STAY (in this place): 32
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SULLIVAN COUNTY MEMORIAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: SULLIVAN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MILAN, MISSOURI 1050
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): OSCAR
c. (Last): SWEARENGEN

4. DATE OF DEATH (Month) 2 (Day) 17 (Year) 1955

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 7-29-1869
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months 6, Days 19 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MISSOURI, Sullivan Co
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: WILLIAM SWEARENGEN
13b. MOTHER'S MAIDEN NAME: ELIZABETH PAYNE
14. NAME OF HUSBAND OR WIFE: ELIZABETH SWEARENGEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): 120 (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: JOHN W. SWEARENGEN — ADDRESS: MILAN, 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) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Previous Myocardial Infarct
DUE TO (c) Generalized arteriosclerosis

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: 4201
20. AUTOPSY? YES ☐ NO ☒

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): Milan, Sullivan, Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 26, 1955, *to* Feb 17, 1955, *that I last saw the deceased alive on* Feb 17, 1955, *and that death occurred at* 0230 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph S. Magill M.D. 0
23b. ADDRESS: Milan Mo
23c. DATE SIGNED: 2/17/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/19/55 3200
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cem
24d. LOCATION (City, town, or county) (State): Milan Mo

DATE REC'D BY LOCAL REG.: 2-23-1955
REGISTRAR'S SIGNATURE: Mrs. H. B. Harris
25. FUNERAL DIRECTOR'S SIGNATURE: Schoene's Dwight Schoene — **ADDRESS**: Milan Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 Dwight Schoene

Licensed Embalmer No. 2667

P. O. Address Milan, 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.