

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15819**

FILED JUN 14 1955

BIRTH NO. _____ REG. DIST. NO. **155** PRIMARY REG. DIST. NO. **4244** Registrar's No. **80**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carterville		c. CITY OR TOWN Carterville	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 0490
c. LENGTH OF STAY (in this place) Life		f. STREET ADDRESS (If rural, give location) 200 Terry St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 200 Terry St.			

3. NAME OF DECEASED (Type or Print) a. (First) Ethel b. (Middle) M c. (Last) Swager			4. DATE OF DEATH June 1, 1955 (Month) (Day) (Year)		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Feb. 21, 1897	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 3 Days 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Carterville, Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry P. Wilson		13b. MOTHER'S MAIDEN NAME Ida M. Coffey		14. NAME OF HUSBAND OR WIFE _____	
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. _____		17. INFORMANT'S SIGNATURE OR NAME John Swager, 200 Terry St. Carterville, Mo. ADDRESS _____	

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) Myocardial Failure		INTERVAL BETWEEN ONSET AND DEATH 3 days.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Metastatic Carcinoma		—	
		DUE TO (c) adenocarcinoma of left Breast.		—	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Pericious Anemia		—	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 170 X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> XX	

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 **April 30, 1955**, to **June 1, 1955**, that I last saw the deceased alive on **June 1st, 1955**, and that death occurred at **3:00A m.**, from the causes and on the date stated above.

23a. SIGNATURE W. Webb - Sr. M.D. (Degree or title) D.O. 2		23b. ADDRESS 924 W. Daugherty Webb City, Mo.		23c. DATE SIGNED 6-1-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-3-55		24c. NAME OF CEMETERY OR CREMATORY Carterville Cem.		24d. LOCATION (City, town, or county) (State) Carterville, Mo.	
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DATE REC'D BY LOCAL REG. 6-6-55		REGISTRAR'S SIGNATURE Miss Madeline Surtz		25. FUNERAL DIRECTOR'S SIGNATURE Johnston-Arnce-Simpson ADDRESS Webb City, Mo.	
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WRITE PLAINLY—USING UNFADEING 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 _____
Signature of Student Embalmer

Signed *Jack C. Simpson*

Licensed Embalmer No. *464*

P. O. Address *Webb City*

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