No. 300
10.48

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

FILED MAY 8 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13835

BIRTH NO. 25322-56 REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 78

1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lebanon
c. LENGTH OF STAY (In this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Laclede
c. CITY OR TOWN: Lebanon
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
STREET ADDRESS (If rural, give location): 591 Hood St

0.5320

3. NAME OF DECEASED (Type or Print)
a. (First): Alicia
b. (Middle): Louise
c. (Last): Swanigan

4. DATE OF DEATH (Month) (Day) (Year): April 25, 1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: April 24, 1956
9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days: 1 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None.
10b. KIND OF BUSINESS OR INDUSTRY: None.
11. BIRTHPLACE (City and State or Foreign Country): Lebanon, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Freeman Swanigan
13b. MOTHER'S MAIDEN NAME: Ruth Nicholson
14. NAME OF HUSBAND OR WIFE: None.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mr. Freeman Swanigan, Lebanon, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Premature respiratory center.

DUE TO (c): Premature birth 7½ mos. — 24 hrs.

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: 7625
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):

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* 4-24, 1956, *to* 4-25, 1956, *that I last saw the deceased alive on* 4-25, 1956, *and that death occurred at* 9:40A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Carrington, M.D.
23b. ADDRESS: Lebanon, Mo.
23c. DATE SIGNED: 4-26-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-26-56
24c. NAME OF CEMETERY OR CREMATORY: Plad Cemetery
24d. LOCATION (City, town, or county) (State): Dallas County Missouri

DATE REC'D BY LOCAL REG.: 4-27-1956
REGISTRAR'S SIGNATURE: Wallace L. May
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: S. R. Palmer Jr. Lebanon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Received 5-7-56

Laclede County Health Unit

File No. 78

Date Filed 5-7-56

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Stanleigh R Pah

Licensed Embalmer No. 4 S

P. O. Address Lebon

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.