

FILED SEP 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26449**

BIRTH NO. _____		REG. DIST. NO. <u>101</u>		PRIMARY REG. DIST. NO. <u>5407</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Douglas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Willow Spgs. GenDel.</u>		c. LENGTH OF STAY (in this place) Yrs. <u>03 40</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>McKinnley Township</u>		d. STREET ADDRESS (If rural, give location) <u>Willow Springs Gen. Deliv.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rachel</u> b. (Middle) <u>Melvina</u> c. (Last) <u>SWEARENGIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 14, 1956</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 8, 1873</u>		9. AGE (In years last birthday) <u>82</u> <u>10</u> <u>6</u> <u>6</u> <u>6</u> <u>6</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Springfield, Illinois.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Jobe Burris</u>			13b. MOTHER'S MAIDEN NAME <u>Deborah Williams</u>		14. NAME OF HUSBAND OR WIFE <u>J.C. Swearingin</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J.C. Swearingin, Willow Spgs., Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocarditis.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension-</u> DUE TO (c) <u>arteriosclerosis.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>					INTERVAL BETWEEN ONSET AND DEATH _____
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) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>443x</u>			
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 <u>19</u> to <u>8-14-56</u> , 19 <u>56</u> , that I last saw the deceased alive on _____, 19 <u>56</u> , and that death occurred at <u>2:30AM</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Harold W Miller</u> (Degree or title) <u>H.W. Miller, M.D.</u>				23b. ADDRESS <u>Willow Springs, Mo.</u>		23c. DATE SIGNED <u>8-15-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-17-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Fordland, Mo. (Rural)</u>		
DATE REC'D BY LOCAL REG. <u>9-12-56</u>		REGISTRAR'S SIGNATURE <u>Glyde A. Bridges</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Burns Funeral Home, Willow Spgs., Mo.</u>		

(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.

Fred W. Barnes
Fred W. Barnes

Signed _____

Student
Student Embalmer

Licensed Embalmer No. 4614

P. O. Address Willow Springs, 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.