

FILED NOV 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36780

BIRTH NO. _____		REG. DIST. NO. 356		PRIMARY REG. DIST. NO. 4521		Registrar's No. 40	
1. PLACE OF DEATH a. COUNTY TEXAS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY TEXAS			
b. CITY (If outside corporate limits, write RURAL and give township) HOUSTON		c. LENGTH OF STAY (in this place) 5 yrs		c. CITY (If outside corporate limits, write RURAL and give township) HOUSTON		1270	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) SARAH b. (Middle) FRANCIS c. (Last) SWART			4. DATE OF DEATH (Month) (Day) (Year) NOV. 3 1956				
5. SEX FE.	6. COLOR OR RACE W.	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV. 7 1883		9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 11 Days 26	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) CHILHOWEE MO		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME GEO. D. COLEMAN		13b. MOTHER'S MAIDEN NAME TIBITHA E. HARNESS		14. NAME OF HUSBAND OR WIFE BEN SWART			
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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS RUTH SMITHERMAN KANSAS CITY 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tachycardia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 3 days
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		493X		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)			
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>Nov. 3</u> , 19 <u>56</u> , to <u>Nov 3</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Nov 3</u> , 19 <u>56</u> , and that death occurred at <u>5:15 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John N. Tarr</u> (Degree or title) M.D.			23b. ADDRESS <u>Johnston, Mo.</u>			23c. DATE SIGNED <u>Nov. 5, 1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 11-5-56	24c. NAME OF CEMETERY OR CREMATORY LIBERTY		24d. LOCATION (City, town, or county) (State) LIBERTY MO		
DATE REC'D BY LOCAL REG. Nov. 5-56		REGISTRAR'S SIGNATURE <u>Mylene Craig</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>ELLIOTT FUNERAL HOME HOUSTON MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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 Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.