

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7747
STATE FILE NUMBER

FILED APR 1 - 1957

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 322

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Buchanan		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		a. STATE Missouri		b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA St. Joseph's Hosp.		Length of stay in lb 19 yrs		d. STREET ADDRESS 713 Dewey Avenue		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. MONTH DAY YEAR	
First LOUIS		Middle EDWARD		Last SWEARINGEN		Mar. 21 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 5, 1901	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Noma Lites Inc.		11. BIRTHPLACE (City and state or country) Maryville Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME Jess Swearingen				14. MOTHER'S MAIDEN NAME Anna Whittnack			
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. 496-03-1016		17. INFORMANT Mrs. Verda Swearingen		Address St. Joseph, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)]						INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease						Unk.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) Left Ventricular Failure	
						DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4200				
20c. TIME OF INJURY Hour a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTRY STATE	
21. I attended the deceased from 1/17/57 , to 3/21/57 and last saw ^{him} him alive on 3/20/57				Death occurred at 8:00P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE D. Meloney M.D. (Degree or title)				22b. ADDRESS Kirkpatrick Building St. Joseph, Missouri		22c. DATE SIGNED 3/22/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-24-57		23c. NAME OF CEMETERY OR CREMATORY Graves Cemetery		23d. LOCATION (City, town, or county) (State) Guilford Missouri	
24. FUNERAL DIRECTOR Stoney Funeral Home ADDRESS St. Joseph, Mo.			25. DATE RECD. BY LOCAL REG. March 27, 1957		26. REGISTRAR'S SIGNATURE Ethel M. Allison		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

300
1-56

85-0

EX-100-4-1100

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *George A. Kerby*.....

Licensed Embalmer No. 475

P. O. Address *Joseph*.....

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