

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16587

State File No. _____

S. No. 300
V. 10.48

FILED JUN 5 1957

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give town) Boonville	c. LENGTH OF STAY (in this place) 3 Weeks	c. CITY OR TOWN New Franklin	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital.		STREET ADDRESS (If rural, give location) R.F.D. 0450	

3. NAME OF DECEASED (Type or Print) a. (First) Myrtle b. (Middle) Niederwimmer c. (Last) Swearingen.			4. DATE OF DEATH (Month) (Day) (Year) May 25 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 23 1899		9. AGE (In years last birthday) 57 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and State or Foreign Country) Cooper County, Missouri.		12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME Frank Niederwimmer	13b. MOTHER'S MAIDEN NAME George Ann Turner	14. NAME OF HUSBAND OR WIFE Chester Swearingen.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No (If yes, give war or dates of service) -----	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME Chester Swearingen, New Franklin, Mo ADDRESS
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 years
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Lung	ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	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.		

19a. DATE OF OPERATION Dec 19 1953	19b. MAJOR FINDINGS OF OPERATION Carcinoma Lung	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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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) 163X
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 Oct 10, 1956, to 5-25, 1957, that I last saw the deceased alive on 5-25, 1957, and that death occurred at 6:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. H. Hooper M.D.	23b. ADDRESS Boonville Mo	23c. DATE SIGNED 5-29-57
24a. BURIAL, CREMATION, REINTERMENT (Specify) Burial	24b. DATE May 28 1957.	24c. NAME OF CEMETERY OR CREMATORY Walnut Grove
		24d. LOCATION (City, town, or county) (State) Boonville, Missouri.

DATE REC'D BY LOCAL REG. 5/29/57	REGISTRAR'S SIGNATURE E. H. Hooper	25. FUNERAL DIRECTOR'S SIGNATURE Goodman & Boller, Boonville, Mo. ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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3815

JUL 18 1958

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 *William W. Wood*

Licensed Embalmer No. *4539*

P. O. Address: *Boonville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.