

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 02 17 19
STATE FILE NUMBER

FILED JUL 9 1957

Registration District No. 383 Primary Registration District No. 3037 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Lawrence</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mt Vernon</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Mt Vernon</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>417 S. VINE</u>			Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>417 S. VINE</u>			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>Bertha</u> ^{First} <u>Swearyngen</u> ^{Middle} <u></u> ^{Last}				4. DATE OF DEATH Month <u>July</u> Day <u>2</u> Year <u>1957</u>			
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>JUNE-8-1883</u>		9. AGE (In years last birthday) <u>74</u> IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Lawrence Co, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Francis Smith</u>				14. MOTHER'S MAIDEN NAME <u>Rachel Baty</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. <u>---</u>	17. INFORMANT <u>Rheo Swearyngen</u>			Address <u>Mt. Vernon Mo</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> <u>Chro. Cardiovascular Disease</u> Conditions, if any, which gave rise to above cause (a) } DUE TO (b) stating the underlying cause last. } DUE TO (c) <u>4701</u>						INTERVAL BETWEEN ONSET AND DEATH <u>stat</u> <u>2 1/2 hr</u>	
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 type="checkbox"/>	
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.)				
20c. TIME OF INJURY Hour Month, Day, Year 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		COUNTY STATE	
21. I attended the deceased from <u>5/7/56</u> to <u>4/13/57</u> and last saw her <u>alive</u> on <u>4/13/57</u> . Death occurred at <u>12</u> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Berneth Glover MD</u>				22b. ADDRESS <u>Mt Vernon, Mo</u>		22c. DATE SIGNED <u>7/3/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>July-4-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Brick Church Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Mt Vernon Mo</u>		
24. FUNERAL DIRECTOR <u>Max L Fossett</u>			ADDRESS <u>Mt Vernon Mo</u>	25. DATE RECD. BY LOCAL REG. <u>7-5-57</u>		26. REGISTRAR'S SIGNATURE <u>Leuel Handucks</u>	

(Licensed Embalmer's Statement on Reverse Side)

with, welfare, public service, 800-56, 1-0, diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

1957
AUG 9 6 29 AM

1957
AUG 23 1957

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 *Mat L. Fossett*

Licensed Embalmer No. 42

P. O. Address *Mt Vernon*

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