

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021222
STATE FILE NUMBER

FILED JUL 8 1958 Registration District No. 65 Primary Registration District No. 5250 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>CHARITON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>CHARITON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BRUNSWICK</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>BRUNSWICK</u> ⁰²¹⁰ 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5 MI EAST.</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>5 MI EAST.</u>
3. NAME OF DECEASED (Type or print) First <u>ANNA</u> Middle <u>BARBARA</u> Last <u>SWAN</u>		4. DATE OF DEATH Month <u>7</u> Day <u>2</u> Year <u>58</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>NOV. 5 - 1881</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWORK</u>	9. AGE (In years last birthday) <u>76</u>
11. BIRTHPLACE (City and state or country) <u>BRUNSWICK MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>MICHAEL SAUER.</u>		14. MOTHER'S MAIDEN NAME <u>KATE RODERMAN</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Mrs Banger Leland Brown 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>Suicide</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Drinking Lysoal</u> DUE TO (c) <u>Demented Bralcox 9714</u>			INTERVAL BETWEEN ONSET AND DEATH <u>hours</u> <u>Low</u> <u>10 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Hypertensive Cardiovascular disease</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 <u>2:35</u> a. m. <u>h</u> m. p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <u>September 1946</u> to <u>7-2-58</u> and last saw her alive on <u>7-2-58</u> Death occurred at <u>2:35 h m</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Dorner C Rice</u>		22b. ADDRESS <u>Brunswick MO.</u>	22c. DATE SIGNED <u>7-2-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-4-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>City of Brunswick</u>	23d. LOCATION (City, town, or county) (State) <u>same. MO</u>
24. FUNERAL DIRECTOR <u>L.C. McCuey Brunswick.</u>		25. DATE RECD. BY LOCAL REG. <u>July 3 - 1958</u>	26. REGISTRAR'S SIGNATURE <u>M. Boone-Blowie Smith</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *L. C. McCurry*.....

Licensed Embalmer No. *486*

P. O. Address *Princeton*

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.