

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039613
STATE FILE NUMBER

REG DEC 15 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1192

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Strafford 0390
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospital		Length of stay in lb 10 minutes	d. STREET ADDRESS (If outside, give location) RFD#2
3. NAME OF DECEASED (Type or print) First NOAH Middle LEONARD Last SWEARENGIN			4. DATE OF DEATH Month December Day 9 Year 1958
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 7 January 1921
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Manager		10b. KIND OF BUSINESS OR INDUSTRY Hatchery	11. BIRTHPLACE (City and state or country) Missouri
13a. FATHER'S NAME Noah Swarengin		13b. MOTHER'S MAIDEN NAME Frances Adams	14. NAME OF HUSBAND OR WIFE Marie Swarengin
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes World War II		16. SOCIAL SECURITY NO. 487-28-7179	17. INFORMANT Address Marie Swarengin (Wife) RFD#2 Strafford, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probable Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH about 6 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) UNATTENDED BY A PHYSICIAN			
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"/>
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 _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 UNATTENDED BY PHYSICIAN to _____ and last saw her alive on _____ Death occurred at 5:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE James P. Amos, M.D.		(Degree of) County Health Officer	22c. DATE SIGNED 12-10-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Buried		23b. DATE 12-12-58	23c. NAME OF CEMETERY OR CREMATORY National Cem Springfield, MO
24. FUNERAL DIRECTOR J.W. KLINGNER & CO. Springfield, Mo.		25. DATE RECD. BY LOCAL REG. 12-10-58	26. REGISTRAR'S SIGNATURE Effie G. Melton

All diseases in Part I must be causally related. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

REC 15 1954

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 *Max Rhode*

Licensed Embalmer No. *407*
P. O. Address *Spring*

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.