

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005014
STATE FILE NUMBER

Health,
Welfare
Public
Service

300
1-57

FILED MAR 10 1959 Registration District No. 101 Primary Registration District No. Registrar's No. 20

| | | | | | |
|---|----------------------------------|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Douglas | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Douglas | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN McKinnley TWP | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Willow Springs Route 2340 | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) McKinnley TWP | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First ALBERT Middle J Last SWEARENGIN | | | 4. DATE OF DEATH Month Feb. Day 24, Year 1959 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH July 21, 1897 | | 9. AGE (In years (birthday) 61) IF UNDER 1 YEAR Months 7 Days 3 IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY farm | | 11. BIRTHPLACE (City and state or country) Douglas County, Mo. C | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME John Swarengin | | 13b. MOTHER'S MAIDEN NAME Raschel Burris | |
| 14. NAME OF HUSBAND OR WIFE Never Married | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none | | 16. SOCIAL SECURITY NO. none | |
| 17. INFORMANT Roy Swarengin. Willow Springs, 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) Hepatic failure | | INTERVAL BETWEEN ONSET AND DEATH 2 wks | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Probable stone common bile duct | | DUE TO (c) | | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 584x | |
| 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.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | 20d. INJURY OCCURRED WHILE AT <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 Willow Springs, Mo. | | 20g. COUNTY Douglas | | 20h. STATE Mo. | |
| 21. I attended the deceased from 2/21/59 to 2/24/59 and last saw him alive on Feb. 24, 1959 Death occurred at 3:40 PM m on the date stated above; and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE J L Spears M.D. (Degree or title) | | 22b. ADDRESS Webster, Mo. | |
| 22c. DATE SIGNED 3/2/59 | | 23a. BURIAL, CREMATION, REPOVAL (Specify) | | 23b. DATE 3/1/59 | |
| 23c. NAME OF CEMETERY OR CREMATORY Union Chapel | | 23d. LOCATION (City, town, or county) (State) Webster County, Mo. | | 24. FUNERAL DIRECTOR Burns Willow Springs, Mo. | |
| 25. DATE RECD. BY LOCAL REG. Mar. 5-59 | | 26. REGISTRAR'S SIGNATURE Wesley Bushman | | | |

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be visited. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION
 J. L. SPEARS, M.D.
 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

Fred W. Barnes
Signed Fred W. Barnes.....

Licensed Embalmer No. 4614.....
P. O. Address Willow Springs,

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.