

Registration District No. 93 Primary Registration District No. 4153 Registrar's No. 60-58 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>DADE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>DADE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>LOCKWOOD</b>		Length of stay in 1b <b>1 DAY</b>	c. CITY OR TOWN <b>EVERTON</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>LOCKWOOD HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>NORTH PART TOWN</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>CLARA</b> Middle ----- Last <b>SWEARENGIN</b>			4. DATE OF DEATH Month <b>SEPT</b> Day <b>9</b> Year <b>1960</b>			
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4 16 1896</b>	9. AGE (last birthday) <b>64</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEKEEPER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSEKEEPING</b>	11. BIRTHPLACE (City and state or country) <b>DADE CO. MO.</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>CYRUS YOAKUM</b>		13b. MOTHER'S MAIDEN NAME <b>TICY LEE MALLORY</b>		14. NAME OF HUSBAND OR WIFE <b>LUTHER SWEARENGIN</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT <b>MRS ROY LINDERMAN</b> Address <b>EVERTON MO.</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Diabetes Mellitus</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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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 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
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21. I attended the deceased from 9-9-60 to 9-9-60 and last saw her alive on 9-9-60  
 Death occurred at 10:30 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Lee a Mc Neal Jr MD</i> (Degree or title)	22b. ADDRESS <i>Greenfield, MO</i>	22c. DATE SIGNED <b>9-19-60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>9 12 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ANTIOCH CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>DADE CO. MO.</b>
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24. FUNERAL DIRECTOR <i>J. W. Dixon</i> ADDRESS <b>ASH GROVE MO.</b>	25. DATE RECD. BY LOCAL REG. <b>9/21/1960</b>	26. REGISTRAR'S SIGNATURE <i>J. C. Canada</i>
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DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

APR 19 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Richard E. Watt*

Licensed Embalmer No. 465

P. O. Address Ash Grove

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.