

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000945

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 99 Primary Registration District No. _____ Registrar's No. 5

STATE FILE NUMBER

VS 300 Rev. 4/59

DATE AMENDED

10320

20380

3

4 0

5 2

6

7 0

8 0

9/20.1

10

11

1286-0

131-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
 a. COUNTY DeKalb
 b. CITY (If outside corporate limits, give TOWNSHIP only) Maysville Length of stay in 1b 8 1/2 Mos.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sunset Nursing Home Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Gentry
 c. CITY OR TOWN King City Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Rural Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
OBED ~~#####~~ SWEARINGEN MORROW January 15, 1963

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 8/28/1871 9. AGE (last birthday) 91 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) Farming 10b. KIND OF BUSINESS OR INDUSTRY Self Employed 11. BIRTHPLACE (City and state or country) Clinton County, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME William Morrow 13b. MOTHER'S MAIDEN NAME Amanda Swearingen 14. NAME OF HUSBAND OR WIFE Imogene (Decd.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no; or unknown) No (If yes, give war or dates of service) None 16. SOCIAL SECURITY NO. [redacted] 17. INFORMANT Address Essie Ward (Execd.) King City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Myocardial infarction INTERVAL BETWEEN ONSET AND DEATH few hrs
 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) _____
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 May 1957 to Jan 15, 1963 and last saw her alive on Jan 10 1963
 Death occurred at 8:10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS Maysville, Mo 22c. DATE SIGNED _____

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE Jan. 15, 1963 23c. NAME OF CEMETERY OR CREMATORY Berlin Cemetery 23d. LOCATION (City, town, or county) (State) Gentry County, Mo.

24. FUNERAL DIRECTOR ADDRESS Harold E. Harold King City, Mo 25. DATE RECD. BY LOCAL REG. 1-26-63 26. REGISTRAR'S SIGNATURE [Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

OCT 15 1963

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 Harold E. Hoedel

Licensed Embalmer No. 4609

P. O. Address King City, Mo.

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.