

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18103

State File No.

FILED JUL 11 1955

BIRTH NO. _____ REG. DIST. NO. 80 PRIMARY REG. DIST. NO. 5306 Registrar's No. 9

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Centertown, Mo Marion</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centertown, Mo Marion</u>	
c. LENGTH OF STAY (in this place) <u>19 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Centertown, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home. Centertown, Mo</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bertha</u>	b. (Middle) <u>Ople</u>	c. (Last) <u>Swearingen</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 4 1955</u>
---	-------------------------	-----------------------------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 25 1887</u>	9. AGE (In years) (last birthday) <u>67</u>	IF UNDER 1 YEAR (Months) (Days) <u>7 10</u>	IF UNDER 48 HRS. (Hours) (Min.)
----------------------	-------------------------------	---	-------------------------------------	---	---	---------------------------------

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>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	---	--

13a. FATHER'S NAME <u>Joseph Boyed</u>	13b. MOTHER'S MAIDEN NAME <u>Missouri Hayter</u>	14. NAME OF HUSBAND OR WIFE <u>James M. Swearingen</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'S SIGNATURE OR NAME <u>Bern Barton Jefferson City, Mo.</u>	ADDRESS
--	-------------------------------------	--	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u> <u>5 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic nephritis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arterio-sclerosis</u>		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>4500</u> YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
--	--	---------------------------

22. I hereby certify that I attended the deceased from Sept 9, 1953 to June 4, 1955, that I last saw the deceased alive on June 3, 1955, and that death occurred at 4:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Kerion Latham M.D.</u>	23b. ADDRESS <u>California, Mo</u>	23c. DATE SIGNED <u>6-6-55</u>
--	------------------------------------	--------------------------------

24a. BURIAL (REMOVAL, REMOVAL) (Specify) <u>Burial</u>	24b. DATE <u>6/6/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Centertown Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Centertown, Mo</u>
--	-------------------------	---	---

DATE REC'D BY LOCAL REG. <u>July 6</u>	REGISTRAR'S SIGNATURE <u>Mrs. Minnie Hittman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Boulton</u>	ADDRESS <u>California</u>
--	--	--	---------------------------

JUL 12 1955

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.

Signed.....
Student Embalmer

Signed

Jack H. Rowlin

Licensed Embalmer No. *4933*

P. O. Address *California, 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 this body is not embalmed, fact should be so stated above.