

FILED AUG 10 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 24475

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 265

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Flat River, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Flat River, Mo. 0942	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)	a. (First) GEORGE	b. (Middle) GERMAN	c. (Last) SWANGUARIN	4. DATE OF DEATH (Month) (Day) (Year) July 29, 1950
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH Aug-8-1894	9. AGE (In years last birthday) 55	10. UNDER 1 YEAR Months 11 Days 21	11. UNDER 18 YRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard	10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory	11. BIRTHPLACE (State or foreign country) Roselle, Missouri 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Swanguarin	13b. MOTHER'S MAIDEN NAME Sarah E. Singleton	14. NAME OF HUSBAND OR WIFE Jenne Leigh Swanguarin
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 499-03-5431	17. INFORMANT'S SIGNATURE OR NAME Lawrence Swanguarin, St. Louis, Mo.	ADDRESS
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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  4201
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u> DUE TO (c) <u>Diabetes mellitus</u>		
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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 29, 1950	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 1, 1950, to July 29, 1950, that I last saw the deceased alive on July 23, 1950, and that death occurred at 8:30 A. M., from the causes and on the date stated above.

23a. SIGNATURE E. H. Appleberry M.D.	(Degree or title)	23b. ADDRESS Flat River, Missouri	23c. DATE SIGNED 7/29/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July-31-1950	24c. NAME OF CEMETERY OR CREMATORY K. P. Cemetery	24d. LOCATION (City, town, or county) (State) St. Francois Co. Mo
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DATE REC'D BY LOCAL REG. Aug 4, 1950	REGISTRAR'S SIGNATURE Ether Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE SPARKS	ADDRESS Flat River, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

AUG - 8 1950

DISTRICT HEALTH OFFICE No. 4

File No. \_\_\_\_\_

JUN 8 1957

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed *Murphy L. ...*

Signed.....

Student Embalmer

Licensed Embalmer No. *4236*

P. O. Address *1st King Ave*

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.