

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039852

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 127

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

|   |  |  |  |   |  |  |  |  |                                    |  |   |  |
|---|--|--|--|---|--|--|--|--|------------------------------------|--|---|--|
| FILED NOV 14 1962   |  |  |  |   |  |  |  |  |                                    |  |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Ray</u>   |  |  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> |  |  |                                    |  |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Rayville</u>  |  |  |  | Length of stay in lb<br><u>30 years</u>   |  | c. CITY OR TOWN <u>Rayville</u>  |  |  |                                    | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>-</u>   |  |  |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  | d. STREET ADDRESS (If outside, give location)<br><u>Street not named</u> |  |                                    |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>James</u> Middle <u>Grover</u> Last <u>Swafford</u>   |  |  |  |   |  | 4. DATE OF DEATH<br>Month <u>November</u> Day <u>6</u> Year <u>1962</u>  |  |  |                                    |  |   |  |
| 5. SEX<br><u>Male</u>   |  | 6. COLOR OR RACE<br><u>White</u>       |  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><u>8-6-1910</u>  |  | 9. AGE (last birthday)<br><u>52</u>  |                                    | IF UNDER 1 YEAR<br>Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>    |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Grocer</u>  |  |  |  | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (City and state or country)<br><u>Rayville, Missouri</u>  |  | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>  |                                    |  |   |  |
| 13a. FATHER'S NAME<br><u>Tom Swafford</u>   |  |  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Lora McCanless</u>  |  |  |  | 14. NAME OF HUSBAND OR WIFE<br><u>Marie (SHAW) Swafford</u>  |                                    |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |  |  |  | 16. SOCIAL SECURITY NO.<br><u>490-34-2463</u>   |  | 17. INFORMANT Address<br><u>Mrs. Marie Swafford, Richmond, Mo.</u>   |  |  |                                    |  |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Myocardial infarction</u>  |  |  |  |   |  |  |  |  |                                    | INTERVAL BETWEEN ONSET AND DEATH<br><u>Min.</u>                                      |   |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                    |  |   |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.   |  | Month, Day, Year _____                 |  | 20d. INJURY OCCURRED 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 _____   |   |  |
| 21. I attended the deceased from <u>11-6-62</u> to <u>11-6-62</u> and last saw him alive on <u>11-6-62</u><br>Death occurred at <u>4:40</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated. |  |  |  |   |  |  |  |  |                                    |  |   |  |
| 22a. SIGNATURE (Degree or title)<br><u>C. J. Riley MD</u>   |  |  |  |   |  | 22b. ADDRESS<br><u>Richmond Mo.</u>  |  |  | 22c. DATE SIGNED<br><u>11-8-62</u> |  |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |  | 23b. DATE<br><u>11-8-1962</u>          |  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Richmond Memory Gardens</u>  |  | 23d. LOCATION (City, town, or county)<br><u>Richmond, Mo.</u>  |  |  |                                    |  |   |  |
| 24. FUNERAL DIRECTOR ADDRESS<br><u>Thomas J. Carter, Richmond, Mo.</u>  |  |  |  | 25. DATE RECD. BY LOCAL REG.<br><u>11-10-1962</u>   |  | 26. REGISTRAR'S SIGNATURE<br><u>Malcolm Jackson</u>  |  |  |                                    |  |   |  |

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DATE AMENDED

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

|                |
|----------------|
| VS 300         |
| Rev. 4/59      |
| 1 <u>0890</u>  |
| 2 <u>0890</u>  |
| 3 <u>2</u>     |
| 4 <u>0</u>     |
| 5 <u>1</u>     |
| 6              |
| 7 <u>0</u>     |
| 8 <u>2</u>     |
| 9 <u>420.1</u> |
| 10             |
| 11             |
| 12 <u>90-0</u> |
| 13 <u>2-0</u>  |

NOV 27 1962

**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 Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, 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.