

FILED JAN 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40561

State File No.

BIRTH NO. 160 REG. DIST. NO. 3030 PRIMARY REG. DIST. NO. Registrar's No. 84

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

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) Festus		c. CITY (If outside corporate limits, write RURAL and give township) Festus, 707 Delmar	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1		d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED (Type or Print) a. (First) Irvin b. (Middle) Francis c. (Last) Swyers			4. DATE OF DEATH (Month) (Day) (Year) Dec., 25, 1948
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr., 13, 1890
9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months 8 Days 12	IF UNDER 48 HRS. Hours 1 Min. 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Glass Worker		10b. KIND OF BUSINESS OR INDUSTRY Glass Mfgd	11. BIRTHPLACE (State or foreign country) St. James Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Thomas Swyers	
13b. MOTHER'S MAIDEN NAME Mary Becham		14. NAME OF HUSBAND OR WIFE Laura (Boyer) Swyers	
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. 0	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Adele Swyers 707 Delmar Festus, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death. 30C		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Influenza DUE TO (c) Cerebro-vascular	
19a. DATE OF OPERATION 205		19b. MAJOR FINDINGS OF OPERATION Leptomeningeal fluid	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Festus		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Festus Jefferson Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 12/25/48		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 0			
22. I hereby certify that I attended the deceased from Dec 24, 1948 to Dec 25, 1948 , that I last saw the deceased (alive) on Dec 25, 1948 , and that death occurred at 2:00 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE J. Hammerford MD		23b. ADDRESS Crystal City Mo	
23c. DATE SIGNED Dec 28, 48		23d. ADDRESS (State) Crystal City Mo	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/28/48	
24c. NAME OF CEMETERY OR CREMATORY Festus Methodist		24d. LOCATION (City, town, or county) (State) Festus, Jefferson Co Mo.	
DATE REC'D BY LOCAL REG. Dec 31, 1948		REGISTRAR'S SIGNATURE Clara Bellville	
25. FUNERAL DIRECTOR'S SIGNATURE H. H. H. H.		ADDRESS 120 Main St Festus Mo	

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.....

JAMES J. GOMMERFORD

Student Embalmer No. 235

working under my personal supervision.

Signed

James J. Gommerford
Student Embalmer

Signed

A. W. Ungard

Licensed Embalmer No. 3010

P. O. Address

Fertusmo

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.