

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 41057  
Registrar's No. 59

Registration District No. 276 Primary Registration District No. 5945

1. PLACE OF DEATH:  
(a) County Shelby  
(b) City or town Rella - Rural  
(c) Name of hospital or institution: 3 miles W. of Rella  
(d) Length of stay: In hospital or institution  
In this community 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Shelby  
(c) City or town Rella  
(d) Street No. Route No. 1  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME William Karl Swift  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 12  
year 1948 hour 9 minute am  
21. I hereby certify that I attended the deceased from Dec 11  
\_\_\_\_\_, 1948, to Dec 12, 1948  
that I last saw him alive on Dec 12, 1948  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Jennie Swift 6. (c) Age of husband or wife if alive 74 years  
7. Birth date of deceased Feb. 18 1866  
(Month) (Day) (Year)

Immediate cause of death Cerebral Thrombosis Duration 15 hrs.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions arteriosclerosis  
(Include pregnancy within 3 months of death) removal

8. AGE: Years 82 Months 9 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace Germany (City, town, or county) (State or foreign country) 4

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 8 B/B  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
12. Name John Schwicht  
13. Birthplace Germany (City, town, or county) (State or foreign country)  
14. Maiden name Soo-na Hopp  
15. Birthplace Germany (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature E. E. Fairchild (M. D. or other) Rolla Mo.  
Address \_\_\_\_\_ Date signed 12-15-48

16. (a) Informant Mrs. Jennie Swift  
(b) Address Route 1 - Rella Mo  
17. (a) Burial (b) Date thereof 12-15-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Rella Mo.  
18. (a) Signature of funeral director W. L. Mason J. H.  
(b) Address Rella Mo.  
19. (a) 12-21-48 (b) Dora G. Birmingham  
(Date received local registrar) (Registrar's signature)

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

RECEIVED

Fresno County Health Officer,

County File Number

Date Filed 12/31/48

FEB 25 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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *D. B. [Signature]*

Licensed Embalmer No. 2297

P. O. Address Roller mmo.

**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:**