

FILED APR 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7548

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lamar		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lamar	
c. LENGTH OF STAY (in this place) 3 days		0061	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Barton Co. Memorial Hosp.		d. STREET ADDRESS (If rural, give location) 501 East Tenth	

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Leroy c. (Last) Swigart			4. DATE OF DEATH (Month) (Day) (Year) March 19, 1950		
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH April 7, 1901		9. AGE (in years last birthday) 48		IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Dealer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mindenmines, Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S. A.					

13a. FATHER'S NAME George Albert Swigart		13b. MOTHER'S MAIDEN NAME Daisy Gordon		14. NAME OF HUSBAND OR WIFE NaDean Boucher Swigart	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 493-16-1768		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Roy Swigart, Lamar, Missouri	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 3 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) high blood pressure					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				331X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) LAMAR Barton Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 March 19, 1950 to March 19, 1950, that I last saw the deceased alive on March 19, 1950, and that death occurred at 6:57 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) DOR. Guldner M.D.		23b. ADDRESS LAMAR		23c. DATE SIGNED 3-20-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 21, 1950		24c. NAME OF CEMETERY OR CREMATORY Lake Cemetery	
				24d. LOCATION (City, town, or county) (State) Lamar Missouri	
DATE REC'D BY LOCAL REG. March 20, 1950		REGISTRAR'S SIGNATURE Marie Kovantay		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clarence H. Childs Lamar Mo	

APR 3 1950

RECEIVED MAR 28 1950

District Health Office No. 6,

District File Number 350-381

Date Filed 3-30-50

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

Clarence W. Chiles

Signed.....
Student Embalmer

Licensed Embalmer No. 3473

P. O. Address Lenox 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.