

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12276

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give town) El Dorado Mo		c. LENGTH OF STAY (in this place) 2 days	
c. CITY (If outside corporate limits, write RURAL and give township) El Dorado Mo		d. STREET ADDRESS 611 1/2 Main	
d. FULL NAME OF HOSPITAL OR INSTITUTION Chambers Emergency Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) AMANDA b. (Middle) SWINGLE c. (Last) SWINGLE	4. DATE OF DEATH (Month) (Day) (Year) April 8 1950
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July-4-1971	9. AGE (In years last birthday) 78	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	11. BIRTHPLACE (State or foreign country) Cedar Co Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JIM RING	13b. MOTHER'S MAIDEN NAME Rhoda CordeLL	14. NAME OF HUSBAND OR WIFE JACK SWINGLE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jim Ring Stockton Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 yr 4022
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic congestion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis DUE TO (c)		
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) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) yes	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) mo	21e. INJURY OCCURRED WHILE AT WORK <input 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 4-1, 1950, to 4-8, 1950, that I last saw the deceased alive on 4-8, 1950, and that death occurred at 9 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Alexanderworth V.D.O.	23b. ADDRESS El Dorado Spgs. Mo	23c. DATE SIGNED 4/11/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Buried	24b. DATE 4/11/50	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) El Dorado Spgs. Mo
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DATE REC'D BY LOCAL REG. APRIL 12, 1950	REGISTRAR'S SIGNATURE George W. ...	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS El Dorado Spgs. Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

RECEIVED
District Health Officer No. 7,
District File Number 3-50-405
Date Filed 4-20-50

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 _____
Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed George W. Nafus
Licensed Embalmer No. 2752
P. O. Address El-Dorado Spgs 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.