

FILED SEP 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27239

State File No. ....

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 28

1. PLACE OF DEATH  
a. COUNTY Jackson  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural "Washington"  
c. LENGTH OF STAY (in this place) 35  
d. FULL NAME OF HOSPITAL OR INSTITUTION Banhnister and Grandview Roads

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Jackson  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural "Washington Twshp"  
d. STREET ADDRESS Banhnister and Grandview Roads

3. NAME OF DECEASED (Type or Print)  
a. (First) Charles b. (Middle) \_\_\_\_\_ c. (Last) Swain  
4. DATE OF DEATH (Month) (Day) (Year) August 20, '50

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Nov. 16, 1873 9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 1 HR. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Reactor 10b. KIND OF BUSINESS OR INDUSTRY R.E. 11. BIRTHPLACE (State or foreign country) Ohio 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Albert F. Swain 13b. MOTHER'S MAIDEN NAME Laura Rust 14. NAME OF HUSBAND OR WIFE Olivia A. Swain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Miss Laura Swain ADDRESS Hickman Mills, Mo.

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary occlusion  
ANTECEDENT CAUSES  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
INTERVAL BETWEEN ONSET AND DEATH 1 hr  
42m

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 8-20, 1950, to 8-20, 1950, that I last saw the deceased alive on 5-20, 1950, and that death occurred at 4:22 Am., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree of title) MD 23b. ADDRESS 136 E. 1st St. Summit Mo 23c. DATE SIGNED 8-22-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Aug. 22, '50 24c. NAME OF CEMETERY OR CREMATORY Footest Hill 24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 8/23/50 REGISTRAR'S SIGNATURE Dr. Annie L. Hedger 136 GENERAL DIRECTOR'S SIGNATURE B. R. Geary ADDRESS Bus Grandview, Mo.

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

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.....  
Student Embalmer

Signed.....  
*A. B. George*

Licensed Embalmer No. *3645-*

P. O. Address.....

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.