

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5036

State File No.

FILED FEB 24 1951

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5588 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>Jackson Rural</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Blue</u>		c. LENGTH OF STAY (In this place) <u>4 mo</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Morris</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, 3506 Pittman</u>			d. STREET ADDRESS (If rural, give location) <u>804 E. Benton St.</u>		

3. NAME OF DECEASED a. (First) <u>Americus</u> b. (Middle) <u>V</u> c. (Last) <u>Swaidner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 6, 1951</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>married</u>	8. DATE OF BIRTH <u>Jan. 12, 1858</u>	9. AGE (In years last birthday) <u>93</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>N. Georgetown, Ohio.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Anthony Swaidner</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Eliza Swaidner,</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	(If yes, give war or dates of service) <u>none</u>	16. SOCIAL SECURITY NO. <u>321 18 0318</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Eliza Swaidner, Morris, Ills.</u>		
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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, asthma, etc. It means the disease, injury, or complications which caused death.	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure</u>	ANTECEDENT CAUSES				<u>3 days</u>
DUE TO (b) <u>Coronary artery disease</u>	DUE TO (c) <u>Senility</u>				<u>20 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility 4201</u>				<u>20 yrs</u>

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) _____	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) (Min) _____	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 Feb 6, 1951, to Feb 6, 1951, that I last saw the deceased alive on Feb 6, 1951, and that death occurred at 8:15P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Jack M Davis M.D.</u>		23b. ADDRESS <u>Baytown Mo</u>		23c. DATE SIGNED <u>2'8'51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Feb. 7, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Plattville</u>	24d. LOCATION (City, town, or county) (State) <u>PLATTVILLE, ILLINOIS</u>	
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DATE REC'D BY LOCAL REG. <u>Feb 7-1951</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Independence, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Robert Lisle

Licensed Embalmer No. 4123

P. O. Address Independence, 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.