

FILED MAY 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. _____
Registrar's No. 67

BIRTH NO. _____		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 4446		State File No. _____		Registrar's No. 67			
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE* (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Jasper</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carl Junction</u>		c. LENGTH OF STAY (in this place) <u>22 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carl Junction 0490</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>211 S. Summit St.</u>				d. STREET ADDRESS (If rural, give location) <u>211 S. Summit St. 9</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Bert</u> c. (Last) <u>SWIFT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 22 1951</u>								
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Mar 4 - 1872</u>		9. AGE (In years last birthday) <u>79</u>		# UNDER 1 YEAR <u>1</u>	# UNDER 10 DAYS <u>18</u>	# UNDER 10 HOURS <u></u>	# UNDER 10 MIN. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Motorman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Nathan Swift</u>			13b. MOTHER'S MAIDEN NAME <u>Adelene Holt</u>			14. NAME OF HUSBAND OR WIFE <u>Elvora Swift Carl Jct. Mo.</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Elvora Swift</u> ADDRESS <u>Carl Junction Mo.</u>							
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Hypertensive Cardiovascular-Renal Syndrome.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>442x</u>						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)							
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 <u>Aug 18th 1946</u> , to <u>April 19, 1951</u> , that I last saw the deceased alive on <u>April 19, 1951</u> , and that death occurred at <u>4:00 a.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>J. W. Pemberton M.D.</u> (Degree or title)				23b. ADDRESS <u>Carl Junction Mo.</u>				23c. DATE SIGNED <u>4/23/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-24-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Osborne Memorial Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>4/25-51</u>		REGISTRAR'S SIGNATURE <u>H. L. Sietek</u>		137		25. FUNERAL DIRECTOR'S SIGNATURE <u>Don Conroy</u> ADDRESS <u>Carl Junction Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-1-51
Jasper County Health Office

County File Number 51/4/349
Date Filed 5-1-51

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.

Signed.....
Student Embalmer

Student embalmer No.

Signed Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address West City, 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.