S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13470

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 5909 Registrar's No. 37

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural H.y 61
c. LENGTH OF STAY (in this place): ✓
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Ark
b. COUNTY: Mississippi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blytheville 8030
d. STREET ADDRESS (If rural, give location): 2201 Marguerite St.

3. NAME OF DECEASED (Type or Print): a. (First) JACKSON b. (Middle) RUSSELL c. (Last) SWINDELL

4. DATE OF DEATH (Month) (Day) (Year): April-29-1951

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 4
8. DATE OF BIRTH: Mar-28-1929
9. AGE (In years last birthday): 22 — IF UNDER 1 YEAR: Months 1, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Band Member
11. BIRTHPLACE (State or foreign country): Wausau, Fla.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: unknown
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 263-34-3381
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Personal Belongings

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Broken Neck, crushed chest

ANTECEDENT CAUSES
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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 61
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Little Prairie Pemiscot Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4-30-51 8 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Automobile Accident

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 8 A. m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James A. Osburn 3 Coroner
23b. ADDRESS: Wardell, Mo.
23c. DATE SIGNED: 5-1-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 5
24b. DATE: 4/29/51
24c. NAME OF CEMETERY OR CREMATORY: Maple Grove
24d. LOCATION (City, town, or county) (State): Blytheville Ark

DATE REC'D BY LOCAL REG.: 5-8-1951
REGISTRAR'S SIGNATURE: Tressie B. Wiehe 247
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Coff Funeral Home Blytheville Ark

(Licensed Embalmer's Statement on Reverse Side)

5-51-125

SEP 14 1961

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 [signature]

Licensed Embalmer No. 3100

P. O. Address Bigthwelle Ark

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.