

No. 300  
10. 48

FILED MAY 7 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15378

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 358 PRIMARY REG. DIST. NO. 6212 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY OR TOWN <u>Rural, Bacon Twp.</u>		c. CITY OR TOWN <u>Rural, Bacon Township</u>	
c. LENGTH OF STAY (in this place) <u>47 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1580</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Theodore</u> b. (Middle) <u>DeLos</u> c. (Last) <u>Swan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 27 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>January 11, 1868</u>
9. AGE (in years last birthday) <u>83 yrs</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Aroma Park, Illinois</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Henry J Swan</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Brodman</u>	14. NAME OF HUSBAND OR WIFE <u>Myrtle Doman Swan</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wesley Swan Helwig</u> ADDRESS <u>Chilcasso Ill</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, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Myocardial Failure</u> DUE TO (c) <u>Arteriosclerosis</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 <u>2 days</u> <u>1 yr.</u> <u>10 yrs.</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>none performed</u>	
19a. DATE OF OPERATION _____		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) _____	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>2/15</u> , 19 <u>45</u> , to <u>4/27</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4/24</u> , 19 <u>51</u> , and that death occurred at <u>1:15 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>M. O. Bjerke, D.O.</u> (Degree or title)		23b. ADDRESS <u>Rockville, Mo.</u>	23c. DATE SIGNED <u>4/27/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 29, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Schell City Mo.</u>
DATE REC'D BY LOCAL REG. <u>April 24-51</u>	REGISTRAR'S SIGNATURE <u>Mrs Sarah E Gray</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lewis &amp; Son</u> ADDRESS <u>Schell City, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MD.  
District No. 5 - Springfield

RECEIVED: APR 30 1951

Dist. File 437-930

Date Filed 4-30-51

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_  
Student Embalmer

Signed Marion M. Lewis

Licensed Embalmer No. 3084

P. O. Address Sehell City, Md.

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.