

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18656

State File No.

FILED JUN 5 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4797**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Oklahoma b. COUNTY Oklahoma	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Oklahoma City 8350	
c. LENGTH OF STAY (In this place) 2 days		d. STREET ADDRESS (If rural, give location) 1117 SW 24th 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION Frisco Employees Hospital			

3. NAME OF DECEASED (Type or Print)		a. (First) Alva		b. (Middle) Lee		c. (Last) Swain		4. DATE OF DEATH (Month) (Day) (Year) May 22 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 30, 1890		9. AGE (In years last birthday)	10. UNDER 1 YEAR Months 10 Days 24	11. IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Inspector			10b. KIND OF BUSINESS OR INDUSTRY Rail Road			11. BIRTHPLACE (State or foreign country) Sioux Falls, S.D.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Geo. Lee Swain		13b. MOTHER'S MAIDEN NAME Laura Shisler		14. NAME OF HUSBAND OR WIFE Virginia Hash Swain	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Wife	
				ADDRESS 1117 SW 24th Okla. City Okla.	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiac Disease		INTERVAL BETWEEN ONSET AND DEATH 2 yrs known unknown
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.		DUE TO (b) Nephritis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? HV3X	

22. I hereby certify that I attended the deceased from **5-20-** 1951, to **5-22-** 1951, that I last saw the deceased alive on **5-21-** 1951, and that death occurred at **4:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Norman Miller, M.D.		(Degree or title)		23b. ADDRESS 4960 LaCade		23c. DATE SIGNED 5-22-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-22-51		24c. NAME OF CEMETERY OR CREMATORY Rest Haven		24d. LOCATION (City; town, or county) (State) Oklahoma City, Okla.	
DATE REC'D BY LOCAL REG. MAY 22 1951		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington Blvd.	

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10.48

2627

JUN - 5 - 1958

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 M. Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis 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.