

FILED AUG 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26350**
Registrar's No. **60**

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

BIRTH NO.		REG. DIST. NO. 52	PRIMARY REG. DIST. NO. 5181	Registrar's No. 60	
1. PLACE OF DEATH a. COUNTY Cape Girardeau <i>0160</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Gir.		
b. CITY OR TOWN Oak Ridge (Rural)		c. LENGTH OF STAY (In this place) life	c. CITY OR TOWN Oak Ridge (Rural) <i>0160</i>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Star Route			d. STREET ADDRESS (If rural, give location) Star Route		
3. NAME OF DECEASED (Type or Print) a. (First) Charley		b. (Middle) Gleen	c. (Last) Swan	4. DATE OF DEATH (Month) (Day) (Year) Aug. 13, 1951	
5. SEX Male <i>2</i>	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 19, 1889	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 5 Days 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Oak Ridge, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Emanuel Swan		13b. MOTHER'S MAIDEN NAME America Harris		14. NAME OF HUSBAND OR WIFE Emma Swan	
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 ADDRESS Mrs. Emma Swan, Star Route, Oak Ridge, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Respirator 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 <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) 4211	
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 Jan 1, 1951 , to Aug 13, 1951 , that I last saw the deceased alive on Aug 13, 1951 , and that death occurred at 5:00 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE R. D. Blaylock, M.D.		(Degree or title)		23b. ADDRESS Oak Ridge, Mo.	
23c. DATE SIGNED 11/16/51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 16, 1951	
24c. NAME OF CEMETERY OR CREMATORY Concord Cemetery		24d. LOCATION (City, town, or county) (State) Oak Ridge, Missouri			
DATE REC'D BY LOCAL REG. Aug 20-51		REGISTRAR'S SIGNATURE D. G. Larkin <i>43</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. J. Sparks, Cape Girardeau, Mo.	

RECEIVED

AUG 27 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Marden

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.