

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 457

FILED FEB 13 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 46

0143  
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Texas</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Dallas</u>	
c. LENGTH OF STAY (In this place) <u>134 1/2 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>3713 Holland Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp #1</u>			
3. NAME OF DECEASED a. (First) <u>SAMUEL</u> b. (Middle) <u>CURTIS</u> c. (Last) <u>SWAIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 4 1952</u>
5. SEX <u>m</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>m</u>	8. DATE OF BIRTH <u>Oct 18 1884</u>
9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sales Mgr</u>	
11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Hardware</u>		13a. FATHER'S NAME <u>Wesley Swain</u>	
13b. MOTHER'S MAIDEN NAME <u>Clara Harison</u>		14. NAME OF HUSBAND OR WIFE <u>Frances H. Swain</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>dk</u>		16. SOCIAL SECURITY NO. <u>dk</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>E. E. Swain</u>		ADDRESS <u>Kirkville 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>Br. pneumonia</u>  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 <u>Syphilitic meningoenephalitis</u> <u>Ch. myocarditis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>025X</u>	
20. AUTOPSY? YES <input 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)	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>Feb 2 1952</u> to <u>Feb 4, 1952</u> that I last saw the deceased alive on <u>Feb 4, 1952</u> and that death occurred at <u>2:10 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. C. Caldwell</u>		23b. ADDRESS <u>State Hosp Hulton Mo</u>	23c. DATE SIGNED <u>9-4-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Feb 5-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>dk</u>	24d. LOCATION (City, town, or county) (State) <u>Dallas Texas</u>
DATE REC'D BY LOCAL REG. <u>Feb 7 1952</u>	REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>	426-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wagner</u> ADDRESS <u>General Home Hulton Mo</u>

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

*Wm. G. Stewart*

Licensed Embalmer No. 3722

P. O. Address Fulton 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.