

6809

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 1044

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No.		Registrar's No. 1044	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN Saint Louis)			c. LENGTH OF STAY (If this place) 5 days (township)	c. CITY (If outside corporate limits, write RURAL and give township) Lecton			0510		
d. FULL NAME OF HOSPITAL OR INSTITUTION 4137 San Francisco Avenue, 15				d. STREET ADDRESS (If rural, give location) Rural					
3. NAME OF DECEASED (Type or Print) a. (First) Willis			b. (Middle) S.		c. (Last) Swigert		4. DATE OF DEATH (Month) (Day) (Year) Feb. 2nd, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH Feb. 4th, 1866		9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Newville, Pennsylvania			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME George W. Swigert			13b. MOTHER'S MAIDEN NAME Esther Barr			14. NAME OF HUSBAND OR WIFE Late Della Swigert			
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. None		17. INFORMANT'S SIGNATURE OR NAME Harold P. Smith, 4137 San Francisco Avenue ADDRESS					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Arteriosclerotic Cardiovascular Disease				5 yr.	
				ANTECEDENT CAUSES					
				MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.					
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)					
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? 4221					
22. I hereby certify that I attended the deceased from 1/29, 1952 , to 2/2, 1952 , that I last saw the deceased alive on 2/1, 1952 , and that death occurred at 4:30 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE Charles W. Smith, M.D. (Degree or title)				23b. ADDRESS 4020 N. Flourissant			23c. DATE SIGNED 2/2/52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/2/52	24c. NAME OF CEMETERY OR CREMATORY Warrensburg, Mo. Cemetery Warrensburg, Missouri			24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. FEB 4 1952		REGISTRAR'S SIGNATURE Calvin F. Feutz, MD			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd.				

(Licensed Embalmer's Statement on Reverse Side)

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

FILED FEB 27 1952

No. 300
10-48

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Kansas V. 7-0734

60.0869

APR 5

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 Ralph C. Leuder

Licensed Embalmer No. 4225

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.