

STANDARD CERTIFICATE OF DEATH

8875

State File No.

1512
3
MAR 19 1952

BIRTH NO. REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment) a. STATE Oklahoma b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bartelsville	
c. LENGTH OF STAY (in this place) 30 days		8350	
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway #50 Trailer Camp		d. STREET ADDRESS (If rural, give location) Bartelsville, Oklahoma	

3. NAME OF DECEASED (Type or Print) a. (First) Benjamin b. (Middle) Franklin c. (Last) Swick			4. DATE OF DEATH (Month) (Day) (Year) March 4, 1952			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 14, 1867	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Teamster		10b. KIND OF BUSINESS OR INDUSTRY Teamster		11. BIRTHPLACE (State or foreign country) Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Issac Swick	13b. MOTHER'S MAIDEN NAME Hanna Cohn	14. NAME OF HUSBAND OR WIFE Clara Goldsberry Swick
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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 ADDRESS Mrs Phillips Pearson Warrensburg,
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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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Myocardial Infarction</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Summed</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from March 4, 1952, to March 4, 1952, that I last saw the deceased alive on March 4, 1952 and that death occurred at 3:40 p. m., from the causes and on the date stated above.

23a. SIGNATURE <i>Charles M. Lewis, M.D.</i>	(Degree or title)	23b. ADDRESS Warrensburg, Missouri	23c. DATE SIGNED 3-5-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-5-52	24c. NAME OF CEMETERY OR CREMATORY Bartelsville, Cem	24d. LOCATION (City, town, or county) (State) Bartelsville, Oklahoma
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DATE REC'D BY LOCAL REG. Mar 7, 1952	REGISTRAR'S SIGNATURE <i>Savannah Duffield</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>W. Brunniger</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAR 17 1952
JOHNSON COUNTY HEALTH DEPT

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 W.A. Brauning

Signed.....
Student Embalmer

Licensed Embalmer No. 3377

P. O. Address Warrensburg 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.