

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39263

State File No. ....

510  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 1 1952

BIRTH NO. _____		REG. DIST. NO. <u>167</u>		PRIMARY REG. DIST. NO. <u>5607</u>		Registrar's No. <u>37</u>	
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>RFD 2 Kingsville</u> )		c. LENGTH OF STAY (in this place) <u>1 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Kingsville Twp</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD 2, Kingsville, Mo</u>				d. STREET ADDRESS <u>RFD #2</u>			
3. NAME OF DECEASED (Type or Print) <u>Robert</u>		a. (First)		b. (Middle) <u>Earl</u>		c. (Last) <u>Swartz</u>	
4. DATE OF DEATH <u>Oct 3, 1952</u>		(Month)		(Day)		(Year)	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>infant</u>		8. DATE OF BIRTH <u>July 4, 1951</u>	
9. AGE (in years last birthday) <u>1</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>29</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>			11. BIRTHPLACE (State or foreign country) <u>Independence, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>John F. Swartz</u>			13b. MOTHER'S MAIDEN NAME <u>Marguerite Irle</u>			14. NAME OF HUSBAND OR WIFE <u>infant</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John F. Swartz, Kingsville, 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>Broncho 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 Conditions contributing to the death but not related to the disease or condition causing death.  <u>491X</u>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION <u>10-3-1952</u>		19b. MAJOR FINDINGS OF OPERATION <u>Acute Broncho Pneumonia with Marked Pulmonary Edema</u>					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) (Min.)		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>did not attend</u> , 19 <u>    </u> , that I last saw the deceased <u>dead</u> on <u>Oct 3</u> , 1952, and that death occurred at <u>8</u> A m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Kellie Rawlins</u> (Degree or title) <u>M.D. Coroner</u>			23b. ADDRESS <u>Johnson Co. Holden, Mo.</u>		23c. DATE SIGNED <u>11/19/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Oct 4 '52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kingsville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kingsville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11-20-1952</u>		REGISTRAR'S SIGNATURE <u>Mrs. James Redford</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Canaday &amp; Ropp, Holden, Missouri.</u>			

RECEIVED  
NOV 24 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed M. J. Canaday

Licensed Embalmer No. 3434

P. O. Address Holden 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.