

FILED FEB 9 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 561

BIRTH NO. 811 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Capegirardeau		c. CITY (If outside corporate limits, write RURAL and give township) TOWN La Font Twsp. 0720	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) Conran	
d. FULL NAME OF HOSPITAL OR INSTITUTION Southeast Mo. Hosp			

3. NAME OF DECEASED (Type or Print) a. (First) Larry b. (Middle) David c. (Last) Swilley			4. DATE OF DEATH (Month) (Day) (Year) Feb 3 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Feb. 2 1953	9. AGE (In years last birthday)	10. AGE (In years last birthday)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant			11. BIRTHPLACE (City and State or Foreign Country) Cape Girardeau, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Swilley		13b. MOTHER'S MAIDEN NAME Patsy Stanford		14. NAME OF HUSBAND OR WIFE	
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 John Swilley Conran, 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		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Hyaline Membrane		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity		
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 7625		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?	

22. I hereby certify that I attended the deceased from **Feb. 2, 1953**, to **3 Feb., 1953**, that I last saw the deceased alive on **3 Feb., 1953**, and that death occurred at **7:40 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE James A. Kinley M.D. (Degree or title)		23b. ADDRESS Cape Girardeau MO.		23c. DATE SIGNED 6 Feb. 53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-5-53		24c. NAME OF CEMETERY OR CREMATORY Mounds Park	
		24d. LOCATION (City, town, or county) (State) Lilbourn, Missouri			

DATE REC'D BY LOCAL REG. 2-6-53		REGISTRAR'S SIGNATURE C. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ponder Funeral Home-Lilbourn, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

164
0

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

not embalmed
Homer L. Ponder

Licensed Embalmer No.

3367

P. O. Address

Lillooie, 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.