

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

4

1331

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE <u>Missouri</u> COUNTY <u>Shannon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salem</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Summerville</u> <u>1015</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>X</u>		d. STREET ADDRESS (If rural, give location) <u>X</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Swiney</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan/10/53</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 13/94</u>
9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Shannon Co Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>Mo</u>		13a. FATHER'S NAME <u>James Swiney</u>	
13b. MOTHER'S MAIDEN NAME <u>Margaret Chrisco</u>		14. NAME OF HUSBAND OR WIFE <u>Iva Swiney</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>Yes 1st WW</u>		16. SOCIAL SECURITY NO. <u>X</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Elmer Swiney</u>		ADDRESS <u>Salem 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>4201</u> II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>Heart Condition</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Dr. R.F. Wilson D.O. Eminence, Mo. Attended</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>	
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>Jan 10, 1953</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:45 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Marshall Blackwell, Coroner</u> (Degree or title)		23b. ADDRESS <u>Salem, Mo.</u>	
23c. DATE SIGNED <u>1/12/53</u>		23d. SIGNATURE _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1/12/53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Chrisco Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Shannon Co Mo</u>	
25. DATE REC'D BY LOCAL REG. <u>1-13-53</u>		REGISTRAR'S SIGNATURE <u>M. M. Hart, M.D. by MRS. Carl J. Swiney</u>	
25. FUNERAL DIRECTOR'S SIGNATURE _____		ADDRESS _____	

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

APR 15 1953
JAN 28 1953

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 Carl H. Spinner

Licensed Embalmer No. 9374

P. O. Address Salisbury, Md.

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.