

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9489

State File No. ....

FILED MAR 30 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **304**

396

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

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield, Missouri</b>	
c. LENGTH OF STAY (In this place) <b>3 days</b>		d. STREET ADDRESS (If rural, give location) <b>Route 7</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>OZARK OSTEOPATHIC HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Arthur</b>	b. (Middle) <b>Thomas</b>	c. (Last) <b>Swadley</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 23, 1953</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>8/10/1879</b>
9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Gen. farming</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>			

13a. FATHER'S NAME <b>Thomas Sanders Swadley</b>	13b. MOTHER'S MAIDEN NAME <b>Nettie Findor</b>	14. NAME OF HUSBAND OR WIFE <b>Sarah Jane Swadley</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give year or date of service) <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Harley E. Swadley Miller, Mo.</b>

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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Medullary failure</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Intoxication</b> <b>advanced ischemic necrosis</b> DUE TO (c) <b>of the right extremity (gangrene of the entire right foot and foreleg)</b> <b>Senile diabetes mellitus</b>		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>260X</b>	20. AUTOPSY? YES <input 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 **3/20/53**, 19\_\_\_, to **3/23/53**, 19\_\_\_, that I last saw the deceased alive on **3/23/53**, 19\_\_\_, and that death occurred at **3:45 pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Edward E. Witzel</b>	(Degree or title)	23b. ADDRESS <b>Springfield, Mo</b>	23c. DATE SIGNED <b>3/23/53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>26 Mar. 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Clear Creek Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Greene County, Missouri.</b>

DATE REC'D BY LOCAL REG. <b>3-24-53</b>	REGISTRAR'S SIGNATURE <b>Edith Williamson Register</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Paul C. Thomas, Springfield, Missouri</b>
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**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.....

*Reginald H. Hicorne*  
Licensed Embalmer No. 3581.....

P. O. Address Springfield, Missouri.

**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.