

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41801**

No. 300  
10-28

FILED DEC 9 1953

REG. DIST. NO. **326**

PRIMARY REG. DIST. NO. **4482** Registrar's No. **55**

1. PLACE OF DEATH a. COUNTY <b>Scotland</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Scotland</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Memphis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Memphis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>Missouri</b>	
3. NAME OF DECEASED (Type or Print) <b>William Swaney</b> a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 26 1953</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Aug. 10, 1868</b>
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	9. AGE (In years last birthday) <b>85</b> # MONTHS <b>0</b> # DAYS <b>0</b> # HOURS <b>0</b> # MIN. <b>0</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>Scotland County</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>William Swaney Sr.</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Parks</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Robert Biggs</b> ADDRESS <b>Memphis Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Stomach and bowels</b>			
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.			
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION	
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, 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 <b>11/24, 1953</b> , to <b>11/24, 1953</b> , that I last saw the deceased alive on <b>19</b> , and that death occurred at <b>5:00 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>W.A. Baker MD</b> (Deputy title)		23b. ADDRESS <b>Memphis MO</b>	
23c. DATE SIGNED <b>11/28/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 27, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memphis</b>	24d. LOCATION (City, town, or county) (State) <b>Memphis, Missouri</b>
DATE REC'D BY LOCAL REG. <b>12/1/53</b>	REGISTRAR'S SIGNATURE <b>Vera G. Turner</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Willie B. Burt</b> ADDRESS <b>Memphis MO</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

990  
1

**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 \_\_\_\_\_

Licensed Embalmer No. 4267

P. O. Address Memphis

**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.