

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1758

State File No. ....

BIRTH NO. FILED FEB 4 1954 REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 15<sup>th</sup>

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jasper</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>   |  |
| c. LENGTH OF STAY (in this place) <u>35 yrs</u>  |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>907 Orner St</u>                                  |  | d. STREET ADDRESS (If rural, give location) <u>907 Orner St</u>  |  |

|   |                               |   |  |   |   |
|---|-------------------------------|---|--|---|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>ROBERT</u> b. (Middle) <u>E. LEE</u> c. (Last) <u>SWAFFORD</u> |                               |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Jan 23-1954</u>                    |   |   |
| 5. SEX <u>male</u>  | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>July 14-1876</u>   | 9. AGE (In years last birthday) <u>77</u> | # OVER 1 YEAR Months Days               |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret. carpenter</u>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>building</u>                     | 11. BIRTHPLACE (City and State or Foreign Country) <u>Ray County, Missouri</u> |   | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

|   |   |   |
|---|---|---|
| 13a. FATHER'S NAME <u>Alfred Swafford</u> | 13b. MOTHER'S MAIDEN NAME <u>Nancy Swafford</u> | 14. NAME OF HUSBAND OR WIFE <u>Willa Dewey Swafford</u> |
|---|---|---|

|   |                                     |  |
|---|-------------------------------------|--|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Nellie Simmons, 907 Orner, Carthage</u> |
|---|-------------------------------------|--|

|   |  |  |   |
|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>20 min</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute left-sided heart failure</u>   |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Cardiac failure</u><br>DUE TO (c) <u>Arteriosclerotic Heart Dis</u> |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |   |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 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 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 11-13, 1953, to 1-23, 1954, that I last saw the deceased alive on 1-23, 1954 and that death occurred at 6:12a m., from the causes and on the date stated above.

|  |                                  |                                 |
|--|----------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>W. J. Patterson MD</u> | 23b. ADDRESS <u>Carthage, Mo</u> | 23c. DATE SIGNED <u>1-23-54</u> |
|--|----------------------------------|---------------------------------|

|   |                          |   |   |
|---|--------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>1-27-54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Carthage, Mo</u> |
|---|--------------------------|---|---|

|   |  |  |
|---|--|--|
| DATE REC'D BY LOCAL REG. <u>1-26-54</u> | REGISTRAR'S SIGNATURE <u>Lloyd B. Clifton MD</u> | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Knell Mortuary, Carthage, Mo</u> |
|---|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 3 1954

Jasper County Health Office

County File Number ~~54-2-90~~

Date Filed FEB 3 1954

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 *Frank W. Kneel*

Licensed Embalmer No. 4440

P. O. Address Carthage, 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.