

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

16872

State File No.

FILED JUN 3 1954

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 95

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Phelps</u>	b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rolla</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Reynolds</u>
c. LENGTH OF STAY (in this place) <u>18 days</u>		c. CITY OR TOWN <u>Greeley (Rural)</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Phelps County Memoria</u>		e. STREET ADDRESS (If rural, give location) <u>0900,</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Edgar</u>	b. (Middle) <u>Francis</u>	c. (Last) <u>Swiney</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5.27.54</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>Mar 9 1929</u>	9. AGE (In years last birthday) <u>25</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
------------------------------	---	---	--	---	---	---

10a. USUAL OCCUPATION (Give kind of work when deceased was working, even if retired) <u>Chauffeur</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Auto</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Reynolds Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S</u>
---	---	--	---

13a. FATHER'S NAME <u>Chas Swiney</u>	13b. MOTHER'S MAIDEN NAME <u>Flossie Camden</u>	14. NAME OF HUSBAND OR WIFE <u>Delma Swiney</u>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>X</u> (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Chas Swiney Greeley</u>	ADDRESS <u>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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Embolism</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gunshot of chest</u> DUE TO (c) <u>(22 cal bullet)</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>1/1</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
---	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Bunker Dent, Mo</u>
---	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5 9 54 230</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>shot by wife 5/9/54</u>
---	---	---

22. I hereby certify that I attended the deceased from 5/9, 1954, to 5/27, 1954, that I last saw the deceased alive on 5/27, 1954 and that death occurred at 8 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. D. Tricker MD</u>	(Degree or title)	23b. ADDRESS <u>Rolla Mo.</u>	23c. DATE SIGNED <u>5/27/54</u>
--	-------------------	---	---

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>5/29.54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greeley Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Greeley Mo</u>
---	------------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>May 28, 1954</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Stoebe</u>	3802	2. NUMERAL DIRECTOR'S SIGNATURE <u>Charles J. ...</u>	ADDRESS <u>...</u>
--	---	-------------	---	------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number
Date Filed
JUN 2 1954

8561
JUN 1 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.....
Signature of Student Embalmer

Signed.....
Carl J. [Signature]

Licensed Embalmer No. 93

P. O. Address.....
[Signature]

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.