

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

**23934**

State File No. ....

No. 300  
10-48

**FILED AUG 2 - 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 305 Registrar's No. 287

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Pettis</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. CITY OR TOWN <u>Sedalia</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>Life</u>		e. STREET ADDRESS (If rural, give location) <u>Route # 4</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hosp.</u>			

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>NATHANIEL</u>	b. (Middle) <u>HENDERSON</u>	c. (Last) <u>SWOPE</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>July 23, 1954</u>
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<b>5. SEX</b> <u>M</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED.</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>March 5, 1894</u>	<b>9. AGE</b> (In years last birthday) <u>60</u>	<b>IF UNDER 1 YEAR</b> Months <u>0</u> Days <u>0</u>	<b>IF UNDER 24 HRS.</b> Hours <u>0</u> Min. <u>0</u>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Owner &amp; Operator</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Filling Station</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Hughesville, Missouri</u>	<b>12. CITIZENSHIP OF WHAT COUNTRY?</b> <u>USA</u>
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<b>13a. FATHER'S NAME</b> <u>James Robert Swope</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary Alice Henderson</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Lucy E. Swope</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>Yes</u> <u>WW I</u> (If yes, give war or dates of service)	<b>16. SOCIAL SECURITY NO.</b> <u>Not Known</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Lucy E. Swope, R.#4, Sedalia, Mo</u>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Acute peritonitis</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>24 hrs.</u>  <u>24 hours.</u>  <u>10 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Perforation of ileum</u> DUE TO (c) <u>Chronic peritoneal adhesion</u>		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Umbilical Hernia</u> <u>Cirrhosis of Liver</u>		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>577x</u>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from 20 July, 1954, to 23 July, 1954, that I last saw the deceased alive on 23 July, 1954, and that death occurred at 2:30 m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>David R. Edwards M.D.</u> (Degree or title)	<b>23b. ADDRESS</b> <u>Sedalia, Mo.</u>	<b>23c. DATE SIGNED</b> <u>23 July 54</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>26 July 1954</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Mt. Herman</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Pettis County, Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>7/26/54</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Lavina Coontz, Deputy</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>W. Beckert</u>	<b>ADDRESS</b> <u>Sedalia Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

GILLESPIE TOWERS

AUG 4 1885

AUG 4 1885

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 *Russell P. Maag*.....

Licensed Embalmer No. *480*.....

P. O. Address *Sedalia*.....

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.