

FILED JUL 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24095

State File No.

No. 300
10.48

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

BIRTH NO. _____		REG. DIST. NO. <u>297</u>		PRIMARY REG. DIST. NO. <u>6020</u>		Registrar's No. <u>69</u>	
1. PLACE OF DEATH a. COUNTY <u>Ray</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>			
b. CITY (If rural, give name of route or RURAL and give OR TOWN <u>Rural Hardin</u>)		c. LENGTH OF STAY (If this place) <u>On highway</u>		c. CITY OR TOWN <u>Norborne Missouri</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME (If not in hospital or institution, give street address or location) <u>Southeastern Hardin H-10</u>				e. STREET ADDRESS (If rural, give location) <u>400 East 2nd Street</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>William</u>		b. (Middle) <u>Rufus</u>		c. (Last) <u>SWAFFORD</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>July 18 1954</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>May 30 1936</u>		9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>18 1 18</u>		10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Salvage</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Log processing</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Norborne, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Carl Swafford</u>		13b. MOTHER'S MARDEN NAME <u>Minnie Rose</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Carl Swafford, Norborne, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull fracture</u>		INTERVAL BETWEEN ONSET AND DEATH					
ANTECEDENT CAUSES		DUE TO (b) <u>Collision of motor</u>					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>eye & trunk</u>					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				19c. <u>EB 151 26</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 10</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Ray MO</u>	
21d. TIME OF INJURY <u>7-18-54-2:15 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Struck by truck</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:30P m.</u> , from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) <u>Dr. G. L. Baber, M.D.</u>				23b. ADDRESS <u>Croney Richmond MO</u>		23c. DATE SIGNED <u>7-19-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 20, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fair Haven</u>		24d. LOCATION (City, town, or county) (State) <u>Norborne, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>July 20-1954</u>		REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>		L 73		25. FUNERAL DIRECTOR'S SIGNATURE <u>George D. Lipe</u> ADDRESS <u>Richmond Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

APR 19 1958

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 *George J. Hill*.....
Licensed Embalmer No. 406.....

P. O. Address *Richmond*.....

**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.**