

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 30 1955

BIRTH NO. 379,57-55 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1339

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Baltimore</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond St Mo</u>	c. LENGTH OF STAY (In this place) <u>14 Days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dr. Mary Stump</u>		d. STREET ADDRESS (If rural, give location) <u>RURAL</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WILLARD</u>	b. (Middle) <u>F</u>	c. (Last) <u>SWIFT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 11 1955</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>May 22 - 1905</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days <u>20</u>	IF UNDER 24 HRS. Hours Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Poplar Bluff Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Alfred Swift</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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 <u>Alfred Swift, Poplar Bluff, Mo</u>	ADDRESS <u>Poplar Bluff, Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		19. INTERVAL BETWEEN ONSET AND DEATH <u>Congenital</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal obstruction</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Adhesia of Intestine</u> 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 <u>5-29-6-11-55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Intestinal obstruction due to Adhesia</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) <u>7562</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 5-29, 1955, to 6-11, 1955, that I last saw the deceased alive on 6-11, 1955 and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Russell T. Dreyfus M.D.</u>	23b. ADDRESS <u>University Club Bldg</u>	23c. DATE SIGNED <u>6-12-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>June 12-55</u>	24c. NAME OF CEMETERY OR CREMATOR <u>UNKNOWN</u>	24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff Mo</u>
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DATE REC'D BY LOCAL REG. <u>6/12/55</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Romke M.D.</u>	25. EMBALMER'S SIGNATURE <u>Edwards Funeral Home, Southerland</u>	ADDRESS <u>Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Not Embalmed

Licensed Embalmer No. _____

P. O. Address _____

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.