

No. 300  
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FILED JUL 19 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21490

BIRTH NO.		REG. DIST. NO. 65		PRIMARY REG. DIST. NO. 5249		Registrar's No. 23	
1. PLACE OF DEATH a. COUNTY Chariton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Chariton			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Bowling Green Twp. 70- <sup>0210</sup>		c. LENGTH OF STAY (in this place) 70-		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Bowling Green Twp.			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2-Miles N. of Dalton				d. STREET ADDRESS (If rural, give location) 2-Miles N. of Dalton			
3. NAME OF DECEASED (Type or Print) Odie Lee Swanegan			a. (First) Lee b. (Middle) Swanegan c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) July 16th, 1955	
5. SEX 2 Male		6. COLOR OR RACE Black		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 8th, 1884	
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General Farming		11. BIRTHPLACE (State or foreign country) Dalton, Mo. 0	
11. BIRTHPLACE (State or foreign country) Dalton, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Hollis Swanegan		13b. MOTHER'S MAIDEN NAME Not Known	
13a. FATHER'S NAME Hollis Swanegan		13b. MOTHER'S MAIDEN NAME Not Known		14. NAME OF HUSBAND OR WIFE Mary Swanegan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Swanegan Dalton, Mo.			
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) Hypostatic pneumonia. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cardiac failure DUE TO (c) Cerebral Hemorrhage II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension Diabetes Mellitus				INTERVAL BETWEEN ONSET AND DEATH 26 hours	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X				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 May 24, 1955, to July 16, 1955, that I last saw the deceased alive on July 16, 1955, and that death occurred at 2:15 A.M. from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Walter D. Hutton D.O. 2				23b. ADDRESS Keokville Missouri		23c. DATE SIGNED 7-16-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 18th, 1955		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) Dalton, Mo.	
DATE REC'D BY LOCAL REG. 7-19-55		REGISTRAR'S SIGNATURE Mildred Boone		56-2		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Keokville, Mo.	

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

working under my personal supervision.

Student Embalmer No. ....

Signed

*H. D. Garrett*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3046*

P. O. Address *Key West, Fla.*

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.