

FILED OCT 10 1955

STANDARD CERTIFICATE OF DEATH

State File No. 28936

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 5101 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY OR TOWN <u>Warsaw (Rural)</u>	c. LENGTH OF STAY (In this place) <u>8 yrs.</u>	c. CITY OR TOWN <u>Warsaw</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>Tom township</u>		e. STREET ADDRESS (If rural, give location) <u>2 1/2 miles East</u> <u>0080</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>FLOYD</u> b. (Middle) <u>Phillip</u> c. (Last) <u>Swanicutt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 7 1955</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>Feb 13, 1892</u>
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>24</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ret Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>York Co. N.Y.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>David Swanicutt</u>	
13b. MOTHER'S MAIDEN NAME <u>Ursula Kingrey</u>		14. NAME OF HUSBAND OR WIFE <u>Daisy Swanicutt</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War I</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Daisy Swanicutt</u> ADDRESS <u>Warsaw, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral infarction (embolus)</u> INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u> ANTECEDENT CAUSES DUE TO (b) <u>Myocardial infarction & fibrillation</u> <u>72 hrs.</u> DUE TO (c) <u>Arteriosclerosis, generalized</u> <u>5 years plus.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus 4201</u> <u>1 yr. or more</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) (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 <u>May 20, 1955</u> , to <u>Oct. 5, 1955</u> , that I last saw the deceased alive on <u>Oct. 5, 1955</u> , and that death occurred at <u>11:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H. Rhodes, M.D.</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Warsaw, Mo.</u>	23c. DATE SIGNED <u>10-8-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Oct 8, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ansley Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Warsaw, Neb.</u>
DATE REC'D BY LOCAL REG. <u>Oct 8-1955</u>	REGISTRAR'S SIGNATURE <u>Jas. A. Logan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Piser</u> ADDRESS <u>Warsaw</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 18 1955
OCT 18 1955

FEB 15 1957

FEB 15 1957

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.....
John F. Reese

Licensed Embalmer No... 40

P. O. Address... Warsaw

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.