

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

State File No. **36338**

FILED DEC 5 1955

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **347**

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City	
c. LENGTH OF STAY (in this place) 5 years		d. STREET ADDRESS (If rural, give location) 407 East High Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 407 East High Street		d. STREET ADDRESS (If rural, give location) 407 East High Street	

3. NAME OF DECEASED (Type or Print) THOMAS JEFFERSON SWIM			4. DATE OF DEATH (Month) (Day) (Year) Dec 2nd 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH June 20 1878		9. AGE (In years last birthday) 77		10. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY General		11. BIRTHPLACE (City and State or Foreign Country) Marion County, Missouri	

13a. FATHER'S NAME James Swim	13b. MOTHER'S MAIDEN NAME Nancy Ann June	14. NAME OF HUSBAND OR WIFE Phradie High Swim
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 490-09-5784	17. INFORMANT'S SIGNATURE OR NAME James Swim	ADDRESS 1209 Carter Jeff City Mo
--	---	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Carcinoma of right lung		DUE TO (b) _____		2 years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (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.		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	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 15, 1955, to Dec 2, 1955, that I last saw the deceased alive on Dec 2, 1955, and that death occurred at 10:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE Robert H. Tanner, M.D.	23b. ADDRESS Jefferson City, Mo.	23c. DATE SIGNED Dec. 3 1955
--	---	---

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/4/55	24c. NAME OF CEMETERY OR CRYPTORY Riverview Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.
--	---------------------------------	--	---

DATE REC'D BY LOCAL REG. 3 Dec 1955	REGISTRAR'S SIGNATURE R.P. Harris, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Tanner Funeral Home	ADDRESS Jefferson City, Mo.
---	---	--	---

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



Donald P. Freeman

Licensed Embalmer No. 46-3

P. O. Address Jefferson City, M

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.