

FILED NOV 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37605**

BIRTH NO.		REG. DIST. NO. 248		PRIMARY REG. DIST. NO. 5844		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Newton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Newton			
b. CITY (If outside corporate limits, write RURAL and give township) Rural, Seneca		c. LENGTH OF STAY (in this place) 6 yrs.		c. CITY OR TOWN Rural, Seneca		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 4 mi. E. of Seneca				e. STREET ADDRESS (If rural, give location) 4 mi. E. of Seneca			
3. NAME OF DECEASED (Type or Print) a. (First) Victor			b. (Middle) Hugh			c. (Last) Swehla	
4. DATE OF DEATH (Month) (Day) (Year) Nov. 1, 1955		5. SEX Male		6. COLOR OR RACE wht.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Mar.	
8. DATE OF BIRTH May 23, 1873		9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farmer		11. BIRTHPLACE (City and State or Foreign Country) Kansas	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Maggie W. Swehla	
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 Mrs. Maggie W. Swehla, Seneca, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Myocarditis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 days 2 weeks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Oct. 15, 1955 , to Nov. 1, 1955 , that I last saw the deceased alive on Oct. 27, 1955 , and that death occurred at 2:30 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John B. Roberts D.O.				23b. ADDRESS Seneca, Mo.		23c. DATE SIGNED 11/2/55	
24. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-3-55		24c. NAME OF CEMETERY OR CREMATORY Seneca Cemetery		24d. LOCATION (City, town, or county) (State) Seneca, Mo.	
DATE REC'D BY LOCAL REG. 11-9-55		REGISTRAR'S SIGNATURE Mr. Iren Russell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W E Beddleton Seneca Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

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NEWTON COUNTY HEALTH UNIT

RECEIVED

District Health Officer

District File Number

Date Filed

NOV 18 1958

NEOSHO, MISSOURI

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W. G. Bell*.....

Licensed Embalmer No. *21*.....

P. O. Address *Seneca*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (E 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.