

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2154

State File No. _____

FILED JAN 23 1956

BIRTH NO. _____		REG. DIST. NO. <u>251</u>		PRIMARY REG. DIST. NO. <u>3048</u>		Registrar's No. <u>50</u>	
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>			
b. CITY OR TOWN <u>Maryville</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Bolckow</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis Hospital</u>				STREET ADDRESS (If rural, give location) <u>2020/1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ORR</u>		b. (Middle) _____		c. (Last) <u>SWALLOW</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-13-1956</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>7-21-1876</u>	
9. AGE (In years next birthday) <u>79</u>		F UNDER 1 YEAR _____		F UNDER 1 MONTH _____		F UNDER 1 HR. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Maryville Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Isaac Swallow</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Cora Hartley Swallow</u>			
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>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Geo. Scheib Forbes, 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, asthma, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-vascular accident recurrent</u> ANTECEDENT CAUSES DUE TO (b) <u>Cerebral Arteriosclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331x</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs.</u> <u>10 yrs.</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) _____		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>1-9</u> , 19 <u>56</u> , to <u>1-13</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1-13</u> , 19 <u>56</u> , and that death occurred at <u>4:20 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Geo. Engle</u>		(Degree or title) <u>m.d.</u>		23b. ADDRESS <u>Maryville, Mo.</u>		23c. DATE SIGNED <u>1/14/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1-15, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Barnard Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Barnard, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-21-56</u>		REGISTRAR'S SIGNATURE <u>Less Holt</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>W. M. Stehman</u>		ADDRESS <u>Maryville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

FEB 21 1958

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 *G. M. Cate*.....

Licensed Embalmer No. 227

P. O. Address Wayville

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.