

FILED MAY 14 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12672**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>	
b. CITY OR TOWN <u>EXCELSIOR SPRINGS</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>EXCELSIOR SPRINGS</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>101 LINDEN ST.</u>		STREET ADDRESS (If rural, give location) <u>101 LINDEN ST. 6000</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MAE</u>	b. (Middle) <u>LOUISE</u>	c. (Last) <u>SWAFFORD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>APR. 15 1956</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>JUNE 7, 1888</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>UNK</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>WILLIAM SHOWALTER</u>	13b. MOTHER'S MAIDEN NAME <u>MINNIE KETTLER</u>	14. NAME OF HUSBAND OR WIFE <u>AUSTIN SWAFFORD</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>496-76-9670A</u>	17. INFORMANT'S SIGNATURE OR NAME <u>EDNA SWAFFORD</u> ADDRESS <u>508 ISLEY EX. SPRINGS, Mo</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 mo</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>-</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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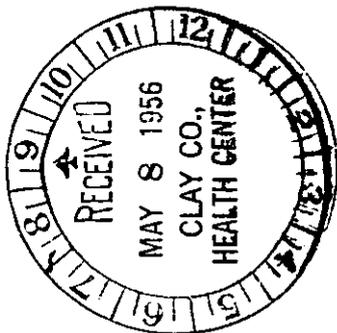
22. I hereby certify that I attended the deceased from 8-19, 1955, to 4-13, 1956, that I last saw the deceased alive on 4-13, 1956, and that death occurred at 5:02 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George E. Sander M.D.</u>	23b. ADDRESS <u>Excelsior Springs, Mo</u>	23c. DATE SIGNED <u>4-19-56</u>
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24a. BURIAL OR CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-18-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SALEM</u>	24d. LOCATION (City, town, or county) (State) <u>RURAL EXCELSIOR SPRINGS, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4/20/56</u>	REGISTRAR'S SIGNATURE <u>Barbara Butcher</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Prichard Funeral Home, Inc.</u> ADDRESS <u>Excelsior Springs, Missouri</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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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 *Ralph E. VanLandingham*.....

Licensed Embalmer No. *H.O.O.*

*Chester Springs, Md.*  
P. O. Address.....

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.