

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24337**

FILED AUG 6 - 1956

BIRTH NO. _____ REG. DIST. NO. **179** PRIMARY REG. DIST. NO. **4287** Registrar's No. **80**

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| 1. PLACE OF DEATH a. COUNTY Lincoln | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Troy | | c. CITY OR TOWN Troy | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 6 yrs | | e. STREET ADDRESS (If rural, give location) No Street Address | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Residence | | | |

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|-------------------------------------|---------------------------|---------------------------|-----------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) William | b. (Middle) Edward | c. (Last) Swan | 4. DATE OF DEATH (Month) (Day) (Year) July 4, 1956. |
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|--------------------|-------------------------------|---|--|---|---|---|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH January 14, 1877 | 9. AGE (In years last birthday) 79 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant | 10b. KIND OF BUSINESS OR INDUSTRY Drugs & Sundries | 11. BIRTHPLACE (City and State or Foreign Country) Troy, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME William H. Swan | 13b. MOTHER'S MAIDEN NAME Eliza C. ?? | 14. NAME OF HUSBAND OR WIFE Edna Kemper Swan |
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| 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 Charlotte Leak, Troy, Missouri |
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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, arteria, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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 **10-8-1955** to **July 4th**, 1956, that I last saw the deceased alive on **July 4**, 1956 and that death occurred at **7** m., from the causes and on the date stated above.

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|---|-----------------------------|--------------------------------|
| 23a. SIGNATURE [Signature] (Degree or title) | 23b. ADDRESS Troy Mo | 23c. DATE SIGNED 7/5/56 |
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|--|-------------------------|---|---|
| 24a. BURIAL, CREMATION REMOVAL (Specify) Burial | 24b. DATE 7/6/56 | 24c. NAME OF CEMETERY OR CREMATORY Troy Cemetary | 24d. LOCATION (City, town, or county) (State) Troy, Missouri |
|--|-------------------------|---|---|

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|--|--|---|
| DATE REC'D BY LOCAL REG. 7-7-1956 | REGISTRAR'S SIGNATURE [Signature] | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kemper Marsh Funeral Home Troy, Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

162
0

530. 63 7088

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..... *Joseph J. Marsh*
Licensed Embalmer No...3932...

P. O. Address TROY, MISSOURI

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.