

FILED SEP 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31762

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>249</u>	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Moberly</u>		c. LENGTH OF STAY (to this place) <u>5 Weeks</u>		c. CITY OR TOWN <u>Moberly</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>616 Monroe</u>				e. STREET ADDRESS (If rural, give location) <u>819 S. 4th Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LAURA</u> b. (Middle) <u>-</u> c. (Last) <u>SWINDELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept-6-1956</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept-26-1862</u>	
9. AGE (In years) (If under 1 year last birthday) (Months) (Days) (Hours) (Mins.) <u>93</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Penn.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Calvin Applegate</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Yoder</u>		14. NAME OF HUSBAND OR WIFE <u>William Edward Swindell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ray Swindell Moberly 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>2</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)		<u>4200</u>	
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>Sept 6th 1956</u> to <u>Sept 6, 1956</u> , that I last saw the deceased alive on <u>Sept 6th 5:30</u> and that death occurred at <u>1:00 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph Fleming</u> (Degree or title) <u>Thos. S. Fleming</u>				23b. ADDRESS <u>Moberly, Missouri</u>		23c. DATE SIGNED <u>9/6/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept-8-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rakland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly Mo.</u>		
DATE REC'D BY LOCAL REG. <u>9/8/56</u>		REGISTRAR'S SIGNATURE <u>Leah Lowe</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Cater Funeral Home Moberly Mo.</u>			

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

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