

No. 300
No. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3326
State File No.

FILED JAN 7 1957

BIRTH NO. _____ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 6088 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>R.F.D. Norton</u>)		c. CITY OR TOWN <u>R.F.D. Norton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS <u>Rural</u> (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>no</u>		6970	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Edith</u>	b. (Middle) <u>Burnside</u>	c. (Last) <u>Swisher</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 3-1957</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>married</u>	8. DATE OF BIRTH <u>Oct. 20-1923</u>	9. AGE (In years last birthday) <u>33</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>13</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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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>Saline Co.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>J. M. Burnside</u>	13b. MOTHER'S MAIDEN NAME <u>Ella Witt</u>	14. NAME OF HUSBAND OR WIFE <u>Orvell Swisher</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give year or dates of service)	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ella Burnside</u> ADDRESS <u>Gilliam, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>about 30 min</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Burned to death in the burned home</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>the burned home</u> DUE TO (c) <u>which was completely demolished 9/60</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>demolished 9/60</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>16</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Saline</u> (COUNTY) <u>Mo</u> (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan, 3-57 5:30 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Coughed in burning home</u>
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22. I hereby certify that I attended the deceased from investigation, 1957, to 3-57, 1957, that I last saw the deceased alive on 3-57, 1957, and that death occurred at 5 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Lawrence M.D. Crover Saline Mo.</u> (Degree or title)	23b. ADDRESS <u>Marshall Mo.</u>	23c. DATE SIGNED <u>1-5-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>1-6-1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Slater, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-5-57</u>	REGISTRAR'S SIGNATURE <u>Mrs. Earl C. Metz</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hill Brothers Slater mo.</u> ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

292

JAN 2 1957

ASC 200 33

JAN 18 1957

STATEMENT BY LICENSED EMBALMER

not

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..... *A. C. Hill*

Licensed Embalmer No. *309*

P. O. Address *Slater*

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.