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FILED JAN 7 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3327

BIRTH NO. _____ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 6088 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Mo. b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R.F.D. Norton		c. CITY OR TOWN R.F.D. Norton Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION no		f. STREET ADDRESS (If rural, give location) 0970	

3. NAME OF DECEASED a. (First) Larry b. (Middle) Franklin c. (Last) Swisher			4. DATE OF DEATH (Month) (Day) (Year) Jan. 3-1957		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) child	8. DATE OF BIRTH Jan. 4-1954	9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months 11 Days 29	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) child	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Saline Co. Mo.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Orvell Swisher	13b. MOTHER'S MAIDEN NAME Edith Burnside	14. NAME OF HUSBAND OR WIFE Child
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Ella Burnside Gilliam, Mo.	ADDRESS
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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 about 30 min -
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burned to death in the about 30 min -		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Burned Home - DUE TO (c) which was		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Completely destroyed.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 9160 16	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accidental	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Miami Saline Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan. 3-17-57	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Caught in the burning Home
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22. I hereby certify that I attended the deceased from investigation 1-3-57, 1957, to 1-3-57, 1957, that I last saw the deceased alive on 1-3-57, 1957, and that death occurred at 5 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) P. Lawless M.D. Coroner Saline Co. Marshall Mo.	23b. ADDRESS	23c. DATE SIGNED 1-3-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-6-57	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Slater, Mo.
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DATE REC'D BY LOCAL REG. 1-5-57	REGISTRAR'S SIGNATURE Mrs. Earl C. Metz	25. FUNERAL DIRECTOR'S SIGNATURE Hill Brothers Slater, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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 ^{not}

by ~~me, or by~~..... Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

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

Licensed Embalmer No. *3090*

P. O. Address..... *State*

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.