

**THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **3328**

FILED JAN 7 1957

BIRTH NO. _____ REG. DIST. NO. **322** PRIMARY REG. DIST. NO. **6088** Registrar's No. **10**

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 (If outside corporate limits, write RURAL and give township) OR TOWN R.F.D. Norton <i>Rural</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION no		d. STREET ADDRESS (If rural, give location) 0470	

3. NAME OF DECEASED (Type or Print) a. (First) Linda b. (Middle) Jean c. (Last) Swisher	4. DATE OF DEATH (Month) (Day) (Year) Jan. 3-1957
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child	8. DATE OF BIRTH Aug. 6-1948	9. AGE (In years last birthday) 8	IF UNDER 1 YEAR (Days) 4	IF UNDER 24 HRS. (Hours) (Min.) 27
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10a. USUAL OCCUPATION (Give kind of work done during usual 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 no 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) no	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) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 30 11
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Burned to death in		
	ANTECEDENT CAUSES DUE TO (b) The burned home DUE TO (c) which was completely demolished		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 16	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Miami	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Saline Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan, 3-57 3:00	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Coughing in burning home
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **3-9 m., from the causes and on the date stated above.**

23a. SIGNATURE P. L. Lawless M.D., Crown Saline Mo	23b. ADDRESS Marshall Mo	23c. DATE SIGNED 1-5-57
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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	ADDRESS Slater Mo.
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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 by me, or by not

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed A. C. Hill

Licensed Embalmer No. 3090

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 this body is not embalmed, fact should be so stated above.