

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3330

State File No. ....

FILED JAN 7 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 6088 Registrar's No. 14

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 town) <u>R. F. D.</u> c. LENGTH OF STAY (in this place) <u>33 yrs</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"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>		f. STREET ADDRESS (If rural, give location) <u>Rural 0910</u>	
3. NAME OF DECEASED a. (First) <u>Orville</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Swisher</u>		4. DATE OF DEATH (Month) <u>Jan.</u> (Day) <u>3</u> (Year) <u>1957</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 28th 1910</u>
9. AGE (In years last birthday) <u>37</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>5</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Factory worker</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Saline, Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Ashby Swisher</u>	
13b. MOTHER'S MAIDEN NAME <u>Louvenia Lawler</u>		14. NAME OF HUSBAND OR WIFE <u>Edith Swisher</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>army - 2</u>		16. SOCIAL SECURITY NO. <u>491-32-1636</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ella Burnside, Gilliam, Mo.</u>		ADDRESS	
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>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>which was completely demolished. 9/16/57</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u></u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>16</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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>Miami</u> (COUNTY) <u>Saline</u> (STATE) <u>Mo</u>	
21d. TIME OF INJURY (Month) <u>Jan.</u> (Day) <u>3</u> (Year) <u>1957</u> (Hour) <u>5:50 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Caught in the burning home</u>	
22. I hereby certify that I attended the deceased from <u>9:00 a.m. in resuscitation</u> , 19 <u>57</u> , to <u>5:57</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>5-3-57</u> , 19 <u>57</u> , and that death occurred at <u>5 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>C. L. Lawless M.D.</u> (Degree or title)		23b. ADDRESS <u>Marshall Mo</u>	
23c. DATE SIGNED <u>Jan 5-57</u>			
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>
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>	

(Licensed Embalmer's Statement on Reverse Side)

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

29 2 0

JAN 22 1957

FEB 26 1957

JAN 18 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed <sup>not</sup>

~~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.