

FILED FEB 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3466**

BIRTH NO. _____ REG. DIST. NO. **355** PRIMARY REG. DIST. NO. **6204** Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY Texas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Wright	
b. CITY OR TOWN Mtn. View (Rural-Date)		c. CITY OR TOWN Mtn. Grove	
c. LENGTH OF STAY (in this place) 9 mo		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 420 ELM STREET 11410	
3. NAME OF DECEASED a. (First) Edgar		b. (Middle) LEE	
c. (Last) SWACKER		4. DATE OF DEATH (Month) (Day) (Year) February 1, 1957	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 17, 1876	
9. AGE (In years) (Month) (Day) 80		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - Retired		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Cook County, Tennessee		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Bart Swacker		13b. MOTHER'S MAIDEN NAME Mary Henderson	
14. NAME OF HUSBAND OR WIFE Sarah Gans Swacker		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs Mamie Wofford-Mtn. View, Mo	
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) HEMORRHAGE CEREBRAL	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH FCUTE	
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		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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) 331X		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
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 1/30, 1957 , to 2/1, 1957 , that I last saw the deceased alive on 1/30, 1957 , and that death occurred at 3:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE Mrs. M. Wofford (Degree or title)		23b. ADDRESS Willow Springs, Missouri	
23c. DATE SIGNED 2/2/57		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 2/3/1957		24c. NAME OF CEMETERY OR CREMATORY Willow Springs Cemetery	
24d. LOCATION (City, town, or county) (State) Willow Springs, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE W. Barber	
25. ADDRESS Mtn. View, Mo		DATE REC'D BY LOCAL REG. Feb 9th	
REGISTRAR'S SIGNATURE Anna Roberto			

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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *George Stapp*

Licensed Embalmer No. *7161*

P. O. Address *M.H. Lane*

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.