Y.S. No. 300
EV. 10.48

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

FILED MAY - 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12064

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 4034 Registrar's No. 58

1. PLACE OF DEATH
a. COUNTY: Bates
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hume
c. LENGTH OF STAY (in this place): 45 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): –

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Bates
c. CITY OR TOWN: Hume
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS: 0070 0 (If rural, give location) –

3. NAME OF DECEASED (Type or Print)
a. (First): Lucy
b. (Middle): Caroline
c. (Last): Swiger

4. DATE OF DEATH (Month) (Day) (Year): April 20 1957

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Feby 19 1863
9. AGE (In years last birthday): 94
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (City and State or Foreign Country): Wyoming Illinois
12. CITIZEN OF WHAT COUNTRY?: usa

13a. FATHER'S NAME: Joseph Essex
13b. MOTHER'S MAIDEN NAME: Caroline Elizabeth Bishop
14. NAME OF HUSBAND OR WIFE: Nathan Swiger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: X Mrs. Gladys E. Drake Hume Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 Hs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerotic Heart Disease — 25 yrs.
DUE TO (c)

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? YES ☐ NO ☒ 4200

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. *19*57*, to* april *, 19*57*, that I last saw the deceased alive on* april 20 *, 19*57*, and that death occurred at* 3:10P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Thomas F. Boyd DO
23b. ADDRESS: Rich Hill, Mo.
23c. DATE SIGNED: 4-22-57

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: April 22 1957
24c. NAME OF CEMETERY OR CREMATORY: Hume
24d. LOCATION (City, town, or county) (State): Hume Bates Missouri

DATE REC'D BY LOCAL REG.: April 23-57
REGISTRAR'S SIGNATURE: Mendell Kenny
OF FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: JONEDEN FUNERAL HOME PLEASANTON KANSAS Carl A. Jonedens

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, xxxx ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Earl W Forneden.....

Licensed Embalmer No...3587.....

P. O. Address Pleasanton Kan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur 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.