

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13653**
Registrar's No. **77**

FILED APR 26 1957

BIRTH NO. _____ REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **3028**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Iowa b. COUNTY _____	
b. CITY OR TOWN Carthage (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN Audubon	
c. LENGTH OF STAY (in this place) 3 days		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks Hospital			
e. STREET ADDRESS (If rural, give location) 814th			

3. NAME OF DECEASED (Type or Print)	a. (First) Thomas	b. (Middle) H.	c. (Last) Swezey	4. DATE OF DEATH	(Month) Apr.	(Day) 15	(Year) 1957
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 1, 1872	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 1 HR. Hours _____	IF UNDER 1 HR. Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Marengo, Iowa	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Joseph Swezey	13b. MOTHER'S MAIDEN NAME Alice Fasnauch	14. NAME OF HUSBAND OR WIFE Nora Mendenhall
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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. Lola Stafford	ADDRESS Storm Lake, Iowa
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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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction recurrent		8 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary occlusion DUE TO (c) atherosclerosis		Est. 7 days months
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 4201	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **April 11, 1957**, to **April 15, 1957**, that I last saw the deceased alive on **April 15, 1957**, and that death occurred at **3:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Emory J. [Signature] (Degree or title) M. D.	23b. ADDRESS Carthage, Missouri	23c. DATE SIGNED Apr. 15, 57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Apr. 15, 1957	24c. NAME OF CEMETERY OR CREMATORY emburser	24d. LOCATION (City, town, or county) Audubon, Iowa (State) _____
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DATE REC'D BY LOCAL REG. April 15, 1957	REGISTRAR'S SIGNATURE Emory J. [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Ulmer Funeral Home	ADDRESS Carthage, Mo.
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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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Alvin C. [Signature]*

Licensed Embalmer No. 15433

P. O. Address *[Signature]*

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.