

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31566**

FILED SEP 16 1957

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 4210 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ridgeway		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ridgeway	
c. LENGTH OF STAY (in this place) 5 year		d. STREET ADDRESS (If rural, give location) 0410	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) SAMUEL b. (Middle) ELZA c. (Last) SWIGART			4. DATE OF DEATH (Month) (Day) (Year) Sept. 8, 1957		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Oct. 19, 1886		9. AGE (In years last birthday) 70		10. IF UNDER 1 YEAR Months 10 Days 19 Hours 19 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 Farm tenant		11. BIRTHPLACE (City and State or Foreign Country) Ringold County, Iowa	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Samuel Swigart		13b. MOTHER'S MAIDEN NAME Leona Bell Tripp		14. NAME OF HUSBAND OR WIFE Edna Swigart	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fern L. Ballew, Eagleville, Mo.	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY ARTERY OCCLUSION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CORONARY ARTERY SCLEROSIS DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 5 yrs
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		20. AUTOPSY? 3 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		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 2/9, 1956, to 9/6, 1957, that I last saw the deceased alive on 9/6, 1957, and that death occurred at 12:30 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Francis Kon		23b. ADDRESS 19.0. Eagleville, Mo.		23c. DATE SIGNED 9/10/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 10, 1957		24c. NAME OF CEMETERY OR CREMATORY Masonic	
				24d. LOCATION (City, town, or county) (State) Eagleville, Mo.	

DATE REC'D BY LOCAL REG. 9-10-57		REGISTRAR'S SIGNATURE Gella Mays		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clark L. ... Bethany, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

547

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
Student Embalmer

Signature Clark L. Foutch

Licensed Embalmer No. 4881

P. O. Address Bethany, Mo.

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.