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FILED SEP 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31629
STATE FILE NUMBER

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY HOWELL		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY HOWELL	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BAKERSFIELD, West Plains		c. CITY OR TOWN BAKERSFIELD, 460	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SWILL HOSPITAL		d. STREET ADDRESS (If outside, give location) R. F. D.	
3. NAME OF DECEASED (Type or print) First Middle Last EVA NELL SWICK		4. DATE OF DEATH Month Day Year AUGUST 30th., 1957	
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-2-1882
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOMEMAKER		9b. KIND OF BUSINESS OR INDUSTRY X X	9c. AGE (In years last birthday) Months Days 75 7 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOMEMAKER		10b. KIND OF BUSINESS OR INDUSTRY X X	10c. BIRTHPLACE (City and state or country) FINLEY, OHIO
11. BIRTHPLACE (City and state or country) FINLEY, OHIO		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME PAUL ALSPAUGH		13b. MOTHER'S MAIDEN NAME CLEMENZA BOWHART	14. NAME OF HUSBAND OR WIFE A. A. SWICK
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X X		16. SOCIAL SECURITY NO. ?	17. INFORMANT Address A. A. SWICK, BAKERSFIELD, MISSOURI
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) senility DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). 331x			INTERVAL BETWEEN ONSET AND DEATH one hour
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		2	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 8 14 57		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE West Plains MO	
21. I attended the deceased from 8 14 57 to 8 30 57 and last saw her alive on 8 30 57 Death occurred at 8:00 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. B. St. John M.D.		22b. ADDRESS West Plains MO	22c. DATE SIGNED 9 7 57
23a. BURIAL, CREMATION, REMOVAL B (Specify)	23b. DATE 9-1-57	23c. NAME OF CEMETERY OR CREMATORY FREE UNION	23d. LOCATION (City, town, or county) (State) HOCOMO, MISSOURI
24. FUNERAL DIRECTOR ADDRESS ROBERTSONS, WEST PLAINS, MO		25. DATE RECD. BY LOCAL REG. 9-16-57	26. REGISTRAR'S SIGNATURE Beatrice Cook

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Any diseases in Part I must be causally related.

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

Licensed Embalmer No. 347

P. O. Address West

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.