

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004825

State File No. 8

FILED FEB 20 1958

BIRTH NO. _____		REG. DIST. NO. <u>71</u>		PRIMARY REG. DIST. NO. <u>3012</u>		Registrar's No. <u>8</u>		
1. PLACE OF DEATH a. COUNTY CLAY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE OREGON b. COUNTY Lane				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EXCELSIOR SPRINGS		c. LENGTH OF STAY (In this place) 1 month		c. CITY OR TOWN COTTAGE GROVE		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION BALL CLINIC INC.				e. STREET ADDRESS (If rural, give location) R.F.D. I BOX 192 ¹³⁶⁰				
3. NAME OF DECEASED (Type or Print) a. (First) CLARA		b. (Middle) A.		c. (Last) SWAN		4. DATE OF DEATH (Month) (Day) (Year) FEB. 14, 1958		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 12, 1899		
9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months 10 Days 2		IF UNDER 24 HRS. Hours 1 Min. 0				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife			10b. KIND OF BUSINESS OR INDUSTRY XXXXX		11. BIRTHPLACE (City and State or Foreign Country) Wisconsin		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Hahn			13b. MOTHER'S MAIDEN NAME Helen Kohlhaas			14. NAME OF HUSBAND OR WIFE James A. Swan		
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. No.		17. INFORMANT'S SIGNATURE OR NAME James A. Swan, R.F.D. I Cottage Grove				
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular Fibrillation of heart ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Uric Acid Diathesis with toxicosis.- Marked Obesity.-Diabetes Mellitus.-Osteoarthritis.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 260X				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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>1-17-</u> <u>1958</u> , to <u>2-14-</u> <u>1958</u> , that I last saw the deceased alive on <u>2-14-</u> <u>1958</u> , and that death occurred at <u>10:35 P.M.</u> from the causes and on the date stated above.								
23a. SIGNATURE <i>Kurt K. Parrhyias</i> Kurt K. Parrhyias, M.D. (Degree or title)				23b. ADDRESS Excelsior Springs, Mo.		23c. DATE SIGNED 2-15-58		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Feb. 16/58		24c. NAME OF CEMETERY OR CREMATORY Unknown		24d. LOCATION (City, town, or county) (State) Cottage Grove, Oregon		
DATE REC'D BY LOCAL REG. 2-15-58		REGISTRAR'S SIGNATURE <i>Caroline Hutchings</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Hope Funeral Home</i>		ADDRESS Mo. Ex. Spgs.		

(Licensed Embalmer's Statement on Reverse Side)

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



FEB 26 1958

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 *Chas Virgil Hope*
Licensed Embalmer No. *3950*

P. O. Address *Edelsior*

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.