

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-008787  
State File No. ....

FILED APR 2 1958

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

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5109</u>		Registrar's No. <u>23</u>	
1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marquand</u> <i>RURAL Creek</i>		c. LENGTH OF STAY (in this place) <u>15 yrs</u>		c. CITY OR TOWN <u>Marquand</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				e. STREET ADDRESS (If rural, give location) <u>R R-1</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>LILY</u>		b. (Middle) <u>0</u>		c. (Last) <u>SWOFFORD</u>	
4. DATE OF DEATH		(Month) <u>3</u>		(Day) <u>18</u>		(Year) <u>58</u>	
5. SEX <u>Fl</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>married</u> (Specify)		8. DATE OF BIRTH <u>3-5-1880</u>	
9. AGE (In years last birthday) <u>78</u>		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) <u>House</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Fort Recovery, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>William Hency</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Sutherland</u>		14. NAME OF HUSBAND OR WIFE <u>T. W. Swofford</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>T. W. Swofford</u> ADDRESS <u>Marquand Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		ANTECEDENT CAUSES DUE TO (b) <u>Atherosclerosis</u>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 <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) <u>4201</u>			
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? <u>2</u>			
22. I hereby certify that I attended the deceased from <u>3/21</u> , 19 <u>58</u> , to <u>3/18</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>3/15</u> , 19 <u>58</u> , and that death occurred at <u>6:30</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <u>John J. Myers</u>		23b. ADDRESS <u>PO 2 Lutesville Mo</u>		23c. DATE SIGNED <u>3/25/58</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-21-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bollinger Co, Mem.</u>		24d. LOCATION (City, town, or county) (State) <u>Lutesville, Mo</u>	
DATE REC'D BY LOCAL REG. <u>3/26/58</u>		REGISTRAR'S SIGNATURE <u>Mrs. Buford Crader</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gene Ward, Lutesville, Mo</u>			

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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 *R. O. Laine*.....

Licensed Embalmer No. *41-3-2*

P. O. Address *Jackson, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.