

Health,  
Welfare  
Public  
Service

300  
1-56  
0490

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-010439  
STATE FILE NUMBER

FILED APR 8 1958

Registration District No. 157 Primary Registration District No. 5588 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If in institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RFD Sarsawli</u>		c. CITY OR TOWN <u>Sarsawli</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If outside, give location) <u>Mo RFD</u>	
Length of stay in lb <u>30 yrs</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>America C.</u> Middle <u>Swanger</u> Last <u></u>			4. DATE OF DEATH Month <u>3</u> Day <u>19</u> Year <u>1958</u>		
5. SEX <u>fe</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>7-21-1866</u>	9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u>
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		106. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (City and state or country) <u>London Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Juni Crawford</u>			14. MOTHER'S MAIDEN NAME <u>Nancy Crawford</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Mo</u> <u>Mrs Amy Bannow Sarsawli</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive Circulatory Failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Years -</u> <u>4500</u> <u>Years -</u>
DUE TO (b) <u>Decompensated Heart Disease</u>			
DUE TO (c) <u>Atherosclerosis</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>					
20d. INJURY OCCURRED WHILE AT WORK <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
21. I attended the deceased from <u>4-8-53</u> to <u>3-19-58</u> and last saw her <u>her</u> alive on <u>3-19-58</u> Death occurred at <u>11:55 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>J. Woodstrom, M.D.</u>			22b. ADDRESS <u>Sarsawli, Mo.</u>		22c. DATE SIGNED <u>3/22/58</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-22-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Harvey Ann</u>	23d. LOCATION (City, town, or county) <u>La Russell Mo</u>	(State)
24. FUNERAL DIRECTOR <u>Jackson &amp; Sons Sarsawli Mo</u>		25. DATE RECD. BY LOCAL REG. <u>3-22-58</u>	26. REGISTRAR'S SIGNATURE <u>W. Clinton</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1-39

County File Number  
Date Filed APR 7 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.....  
*Wm. T. Jackson*

Licensed Embalmer No. 39

P. O. Address *San Diego*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.