

Wilson

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017734
STATE FILE NUMBER

FILED MAY 22 1958

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 78

S. 300
1-57

352

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett Mo.		c. CITY OR TOWN Kennett Mo. 0353	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Prosser Hospital		d. STREET ADDRESS (If outside, give location) 910 N. Baldwin	
Length of stay in 1b 1 Hour		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Dorothy Gene Swinton			4. DATE OF DEATH Month Day Year May 12- 1958
5. SEX Female 3	6. COLOR OR RACE Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 12- 1958
9. AGE (In years last birthday)		10. UNDER 1 YEAR Months Days Hours Min.	11. UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) X		10b. KIND OF BUSINESS OR INDUSTRY XX	11. BIRTHPLACE (City and state or country) Kennett Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Raymond Swinton	
13b. MOTHER'S MAIDEN NAME Lylie Jones		14. NAME OF HUSBAND OR WIFE XX	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No. XX		16. SOCIAL SECURITY NO. None	
17. INFORMANT Willie Belle Wilhite		Address 1109 N. Baldwin Kennett Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prematurity Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cause unknown DUE TO (c) 776 X			INTERVAL BETWEEN ONSET AND DEATH 1 hr.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 Kennett Mo.		COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 10.30 Am on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Wm. D. Coroner		22b. ADDRESS Kennett Mo.	
22c. DATE SIGNED 5-16-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-13-58	
23c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery (Col)		23d. LOCATION (City, town, or county) (State) Kennett Mo.	
24. FUNERAL DIRECTOR Lentz Service		ADDRESS Kennett Mo.	
25. DATE RECD. BY LOCAL REG. 5-16-1958		26. REGISTRAR'S SIGNATURE Carl H. Hubbs	

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT ... 5-20-57
COUNTY FILE NUMBER ... 528-11

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.

NOT EMBALMED

Student
Signature of Student Embalmer

Signed *Edward J. ...*

Licensed Embalmer No. 4433

P. O. Address Kennett 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.