

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-019327  
State File No. ....

0883  
BIRTH NO. FILED MAY 23 1958 REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3052 Registrar's No. 120

1. PLACE OF DEATH a. COUNTY <b>RANDOLPH</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>MO</b> b. COUNTY <b>MACONT</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>MOBERLY</b>		c. LENGTH OF STAY (In this place) <b>30 DAYS</b>	c. CITY OR TOWN <b>LAPLATA</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>703 So 5TH</b>		e. STREET ADDRESS (If rural, give location) <b>0610</b>	
3. NAME OF DECEASED a. (First) <b>ALBERT</b> b. (Middle) <b>WILLIAM</b> c. (Last) <b>SWARTHOUT</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>5 12 1958</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>10-25-1875</b>
9. AGE (In years last birthday) <b>82</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ILLINOIS</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>JAMES</b>		13b. MOTHER'S MAIDEN NAME <b>SARAH SIMS</b>	14. NAME OF HUSBAND OR WIFE <b>MILLIE</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>X</b>	17. INFORMANT'S SIGNATURE OR NAME <b>W. Swarthout</b> ADDRESS <b>Moberly, Mo.</b>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b> INTERVAL BETWEEN ONSET AND DEATH ? ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Arteriosclerosis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>Hypertensive Prostatitis</b> ? ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) m.	
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 <b>Apr. 12, 1958</b> , to <b>MAY 12, 1958</b> , that I last saw the deceased alive on <b>MAY 12, 1958</b> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <b>W. Swarthout</b> (Degree or title)		23b. ADDRESS <b>Moberly, Missouri</b>	
23c. DATE SIGNED <b>5-16-58</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>5-14-58</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>LAPLATA CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>LAPLATA MO</b>	
DATE REC'D BY LOCAL REG. <b>5/14/58</b>		REGISTRAR'S SIGNATURE <b>C. Caldwell</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>D.S. Christie</b>		ADDRESS <b>Laplata Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 D.S. Christy

Licensed Embalmer No. 1109

P. O. Address La Plaine

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.