

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026015

STATE FILE NUMBER

FILED JUL 29 1958 Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jasper		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Carthage <u>049.3</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 520 Pine St.		Length of stay in 1b 50 yrs	d. STREET ADDRESS (If outside, give location) 520 Pine St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MISSOURI ANN SWINDELL			4. DATE OF DEATH Month Day Year July 19, 1958		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 1, 1866	9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. 92 (birth day) Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and state or country) Clinton, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME T. E. Henderson		13b. MOTHER'S MAIDEN NAME Mary Frances Vaughn		14. NAME OF HUSBAND OR WIFE Hiram Swindell	
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. none	17. INFORMANT Address Carthage, Mo Mrs. Alga Gillman, 1718 Garrison		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) uremia				INTERVAL BETWEEN ONSET AND DEATH 4-5 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Arteriosclerosis, Generalized		10-15 yrs	
		DUE TO (c) 4500			
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 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 4-2-57 , to 7-19-58 and last saw ^{her} him alive on 7-15-58 Death occurred at 5:07 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Grover Patterson M.D. (Degree or title)			22b. ADDRESS 506 Main, Carthage, Mo		22c. DATE SIGNED 7-21-58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 7-23-58	23c. NAME OF CEMETERY OR CREMATORY Fullerton Cemetery		23d. LOCATION (City, town, or county) (State) Rte 4, Carthage, Mo	
24. FUNERAL DIRECTOR KNELL MORTUARY		ADDRESS Carthage, Mo	25. DATE RECD. BY LOCAL REG. 7-22-58	26. REGISTRAR'S SIGNATURE W. H. Clinton	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Robert H Knell

Licensed Embalmer No. 4459

P. O. Address Carthage, 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.