

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033675

STATE FILE NUMBER

FILED OCT 6 1958

Registration District No. 267

Primary Registration District No. 3049

Registrar's No. 200

1. PLACE OF DEATH a. COUNTY <u>Remiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Remiscot</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <u>Hayti</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Remiscot</u> 0780
FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Remiscot County Memorial</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>Rt # 2 Portageville</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>William Henry Swan</u>		4. DATE OF DEATH Month Day Year <u>Sept 26 1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 29 1906</u>
9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. <u>52 6 6</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Remiscot County, Mo.</u>
10c. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Robert M. Swan</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Darnell</u>	14. NAME OF HUSBAND OR WIFE <u>Beal Swan</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-18-0250</u>	17. INFORMANT Address <u>Beal Swan Rt 2. Portageville Mo</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>Coronary Occlusion</u> DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) <u>Aortic Atherosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4.5 min.</u> <u>7 years</u>
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.) <u>Hayti</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Remiscot Mo.</u>
21. I attended the deceased from <u>26 Sept 58</u> to <u>26 Sept 58</u> and last saw him alive on <u>26 Sept. 58</u> Death occurred at <u>10:45 P.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>L.B. Painter Jr. M.D.</u>		22b. ADDRESS <u>Portageville, Mo.</u>	22c. DATE SIGNED <u>1 Oct. 58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>9-28-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>East Woodlawn</u>	23d. LOCATION (City, town, or country) (State) <u>Hayti, Mo</u>
24. FUNERAL DIRECTOR <u>John H. German</u>		ADDRESS <u>Hayti, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>10-1-58</u>
26. REGISTRAR'S SIGNATURE <u>John H. German</u>			

(Licensed Embalmer's Statement on Reverse Side)

Occur, color, 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

OCT 8 1958

OCT 9 1958

CARUTHERSVILLE, MD.

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 *John H. German* .....

Licensed Embalmer No. *4355* .....

P. O. Address *Dayton, 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.