

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-035340  
STATE FILE NUMBER

FILED OCT 27 1958

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 327

300  
1-57

4

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Novinger Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION C. N. H. # 2		Length of stay in lb	d. STREET ADDRESS (If outside, give location) Novinger Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) Grace Swanson			4. DATE OF DEATH Month Day Year Oct. 17, 1958		
--	--	--	---	--	--

5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 4, 1881	9. AGE (In years 1977 birthday)	10. FUNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
-------------	-----------------------	---	-----------------------------------	------------------------------------	----------------------------------	------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Adair county, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
---	---	---	--

13a. FATHER'S NAME Henry Frankford	13b. MOTHER'S MAIDEN NAME Lydia Pifer	14. NAME OF HUSBAND OR WIFE Frank M. Swanson
---------------------------------------	--	---

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. X	17. INFORMANT Mr. Romanie Swanson, Edelstein, Ill	Address
--	------------------------------	--	---------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cachexia and debilitation		INTERVAL BETWEEN ONSET AND DEATH weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Carcinomatosis	months
	DUE TO (c) Adenocarcinoma of Rectum	weeks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 154X		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 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 July 3, 1958 to Oct 17, 1958 and last saw him alive on Oct 17, 1958 Death occurred at 5:50 P m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) George H. Scheurer, D.O.	22b. ADDRESS Kirksville, Mo.	22c. DATE SIGNED Oct 19, 1958

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/20/58	23c. NAME OF CEMETERY OR CREMATORY Novinger Cemetery	23d. LOCATION (City, town, or county) (State) Novinger, Mo.
---	-----------------------	---	--

24. FUNERAL DIRECTOR Paul R. [Signature] ADDRESS Kirksville, Mo.	25. DATE RECD. BY LOCAL REG. 10-20-1958	26. REGISTRAR'S SIGNATURE Doris W. Ratliff
---	--	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

550

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 *Kenneth E. Hayes* .....

Licensed Embalmer No. *4890* .....  
P. O. Address *Kirkville, 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.