

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043847

STATE FILE NUMBER

FILED JAN 6 1959 Registration District No. 132 Primary Registration District No. 302 / Registrar's No. 189

1. PLACE OF DEATH a. COUNTY GRUNDY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY MERCER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN TRENTON Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN 0650 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WHITFIELD NURSING HOME Length of stay in lb 490		d. STREET ADDRESS (If outside, give location) RAVANNA TOWNSHIP Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) BARBARA ELLEN SWAN First Middle Last		4. DATE OF DEATH DEC 14 1958 Month Day Year	
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-2-1864
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM WIFE		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) 94
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM WIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) MERCER CO. MO. ^c
13. FATHER'S NAME SAMUEL STOTTLEMYRE		14. MOTHER'S MAIDEN NAME NANCY STOTTLEMYRE	
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.	
17. INFORMANT PAUL SWAN		Address TRENTON MO. R2	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio sclerosis DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH Few weeks Few years
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.) 4500		
20c. TIME OF INJURY	Hour	Month, Day, Year	
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 Jan 1958 to Dec 14-1958 and last saw her alive on 9-25-58 Death occurred at 8:20 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) H. Mullers M.A. ^c		22b. ADDRESS Trenton Mo.	22c. DATE SIGNED Dec 15-1958
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE DEC-16-1958	23c. NAME OF CEMETERY OR CREMATORY OTTERBEIN CEMETERY	23d. LOCATION (City, town, or county) (State) MERCER CO. MO.
24. FUNERAL DIRECTOR SCHOOLER FUNERAL HOME SPICKARD MO		25. DATE RECD. BY LOCAL REG. 12-15-58	26. REGISTRAR'S SIGNATURE Gene Fair

(Licensed Embalmer's Statement on Reverse Side)

300
1-56

health, Welfare Public Service
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

115

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Ross Wise*

Licensed Embalmer No. *377*

P. O. Address *Richmond*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.