

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39-010357

STATE FILE NUMBER

FILED APR 8 1959

Registration District No. 267

Primary Registration District No. 3049

Registrar's No. 41

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wardell		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Wardell 0786
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R. R. 1		Length of stay in lb 1 Yr.	d. STREET ADDRESS (If outside, give location) R. R. 1
3. NAME OF DECEASED (Type or print) First Middle Last Prince Albert Swinford			4. DATE OF DEATH Month Day Year 3-21-59
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-29-1913
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (In years last birthday) 45
11. BIRTHPLACE (City and state or country) Hayti, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Freemon Swinford		13b. MOTHER'S MAIDEN NAME Alma Himes	14. NAME OF HUSBAND OR WIFE Jona Swinford
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 Freda Prince Address Pascola, Mo.
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>Unsuicidal</u>			INTERVAL BETWEEN ONSET AND DEATH 2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			526 X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ① Bronchiectasis ② Cardiac decompensation			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 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 <u>Sept 19 1958</u> to <u>March 16 1959</u> and last saw her alive on <u>March 16, 1959</u> Death occurred at <u>March 21 1959 6:00 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Daniel R. Hentley MD</u> (Degree or title)		22b. ADDRESS <u>PO Box 1296 Wardell</u>	22c. DATE SIGNED <u>3/23/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-23-59	23c. NAME OF CEMETERY OR CREMATORY Wardell Memorial	23d. LOCATION (City, town, or country) (State) Wardell, Mo.
24. FUNERAL DIRECTOR Uscurn Funeral Home, Wardell, Mo.		25. DATE RECD. BY LOCAL REG. 3-29-59	26. REGISTRAR'S SIGNATURE <u>Valeria Popham</u>

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, 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

COUNTY OF  
CARUTHERSVILLE, MO.

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 *James G. Doherty* .....

Licensed Embalmer No. 4185 .....

P. O. Address ..... Jardell, 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.