

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012260

STATE FILE NUMBER

Registration District No. 07 Primary Registration District No. 4034 Registrar's No. 48

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hume</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Hume</b> <u>0670</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 <b>-</b>		Length of stay in 1b <b>1 year</b>	d. STREET ADDRESS (If outside, give location) <b>-</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>Albert Franklin Swickhamer</b>			4. DATE OF DEATH Month Day Year <b>April 18 1959</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 10 1877</b>		9. AGE (In years last birthday) <b>82</b> IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer &amp; township assessor</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>farmer &amp; township assessor</b>	11. BIRTHPLACE (City and state or country) <b>Foster Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>usa</b>
13a. FATHER'S NAME <b>John Philip Swickhamer</b> <i>George</i>	13b. MOTHER'S MAIDEN NAME <b>Julia Engel</b>	14. NAME OF HUSBAND OR WIFE <b>Cora Lee Swickhamer</b>	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>496 16 8049</b>	17. INFORMANT <b>x H. H. Swickhamer</b> Address <b>Rich Hill mo</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Generalized arteriosclerosis</b> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <b>10 minutes</b>
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
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21. I attended the deceased from March 15, 1959 to April 15, 1959 last saw him alive on April 16, 1959  
Death occurred at April 18, 1959 7:35 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Ed E. Orndorff, D.O.</b>	22b. ADDRESS <b>Pleasanton Kans</b>	22c. DATE SIGNED <b>4-19-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>April 20 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Independence</b>	23d. LOCATION (City, town, or county) (State) <b>Hume Bates Missouri</b>
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24. FUNERAL DIRECTOR <b>Earl A. Jordan</b> ADDRESS <b>PLEASANTON KANSAS</b>	25. DATE RECD. BY LOCAL REG. <b>Apr 1 20 1959</b>	26. REGISTRAR'S SIGNATURE <b>Rendall Kersey</b>
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(Licensed Embalmer's Statement on Reverse Side)

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, ~~XXX~~ ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Earl W. Jarniden* .....

Licensed Embalmer No. .... 3587

P. O. Address Pleasanton Kan .....

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.