Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-017495
STATE FILE NUMBER

FILED JUN 15 1959 Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 151

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Clinton — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 709 N.5th St — Length of stay in Ib: 2 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Henry
c. CITY OR TOWN: Clinton — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 709 N 5th St — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Mat Middle: Last: Swadner

4. DATE OF DEATH: Month: June Day: 11 Year: 1959

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 20 Feb 1875
9. AGE (In years on last birthday): 84 — 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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Carrol Co Indiana
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Swadner
13b. MOTHER'S MAIDEN NAME: Jennie Whitaker
14. NAME OF HUSBAND OR WIFE: Ada Swadner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: John F.Sickman Address: Clinton,Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 2-3 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized Debilitation & Insanition — 2-3 weeks
DUE TO (c) Carcinoma of the Pancreas
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 157X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 12-1-58, to 6-12-59 and last saw him alive on 6-11-59
Death occurred at 10:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Clinton L. Glasgow (Degree or title) D.O.
22b. ADDRESS: 105 E. Ohio Clinton, Mo.
22c. DATE SIGNED: 6/12/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 13 June 1959
23c. NAME OF CEMETERY OR CREMATORY: Englewood Cemetery
23d. LOCATION (City, town, or county) (State): Clinton Mo

24. FUNERAL DIRECTOR: Sickman & Dunning ADDRESS: Clinton,Mo
25. DATE RECD. BY LOCAL REG.: 6-12-59
26. REGISTRAR'S SIGNATURE: Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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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 Robert L Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton 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.