URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-041444

STATE FILE NUMBER

FILED VS DEC 7 1959

Registration District No. 314 Primary Registration District No. 4459 Registrar's No. 59

ENDED

1. PLACE OF DEATH
a. COUNTY St. Clair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Osceola — Length of stay in 1b 2 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Osceola Med; Hospital — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Hickory
c. CITY OR TOWN Weaubleau — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) Route — Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First Charles Middle Edward Last Swicegood

4. DATE OF DEATH Month Nov; Day 22, Year 1959

5. SEX Male
6. COLOR OR RACE White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2/26/77
9. AGE (last birthday) 82 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Hickory County Mo
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Daniel Swicegood
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Hazel Swicegood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 491-42-8976
17. INFORMANT Olaf Swicegood, Address Weaubleau 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) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH 72 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 21 Nov 59 to 22 Nov 59 and last saw ~~her~~ him alive on 22 Nov 59
Death occurred at 7 56 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) D J Siesler MD
22b. ADDRESS Osceola Missouri
22c. DATE SIGNED 11/22/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11/26/59
23c. NAME OF CEMETERY OR CREMATORY Robinson
23d. LOCATION (City, town, or county) (State) Collins Missouri

24. FUNERAL DIRECTOR ADDRESS Goodrich Funeral Home, Osceola Mo;
25. DATE RECD. BY LOCAL REG. 11-28-1959
26. REGISTRAR'S SIGNATURE Thomas C Dundon

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

APR 21 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 3038

P. O. Address

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