

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012122

FILED VS. APR 8 1960

Registration District No. 282 Primary Registration District No. 824 Registrar's No. 43

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY <b>Polk</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Cedar</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Humansville</b>		Length of stay in 1b <b>1 Yr.</b>		c. CITY OR TOWN <b>Stockton</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Kennon Nursing Home</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>5 Miles North</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>CHARITY</b> Middle <b>VIOLA</b> Last <b>SWAGER</b>				4. DATE OF DEATH Month <b>March</b> Day <b>22</b> Year <b>1960</b>									
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>5/6/1877</b>		9. AGE (last birthday) <b>82</b>		IF UNDER 1 YEAR Months <b>10</b> Day <b>16</b>		IF UNDER 24 HR Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		11. BIRTHPLACE (City and state or country) <b>Joplin, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>					
13a. FATHER'S NAME <b>Charles Mc Intyre</b>				13b. MOTHER'S MAIDEN NAME <b>Caroline Spencer</b>				14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Howard Swager, Stockton, Mo.</b>							
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>Circulatory Failure</b> DUE TO (b) <b>Chronic Myocarditis</b> DUE TO (c) <b>Hip Fracture</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Hip Fracture</b>										INTERVAL BETWEEN ONSET AND DEATH <b>2 Mo.</b>			
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 <b></b> a.m. <b></b> p.m. <b></b>		Month, Day, Year <b></b>											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <b>Feb. 12, 1960</b> to <b>Feb. 16, 1960</b> and last saw her alive on <b>Feb. 16, 1960</b> Death occurred at <b>11:30 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <b>Ralph Borden</b> (Degree or title)						22b. ADDRESS <b>Fair Play, Mo.</b>			22c. DATE SIGNED <b>3/23/60</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>3/24/1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Stockton City Cemetery</b>		23d. LOCATION (City, town, or county) <b>Stockton, Mo.</b>		(State)					
24. FUNERAL DIRECTOR <b>Carton Fun. Home, Stockton, Mo.</b>				ADDRESS		25. DATE RECD. BY LOCAL REG. <b>March 28, 1960</b>		26. REGISTRAR'S SIGNATURE <b>Ralph Borden per Jewell Borden</b>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Stockton, M

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.