

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 6 1960

-60-024027
STATE FILE NUMBER

Registration District No. 276 Primary Registration District No. 5947 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY Phelps									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural - ST. James		Length of stay in 1b 90 yrs		c. CITY OR TOWN ST. James, RR		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rural -			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rural		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First MARTHA Middle L. Last Swyers				4. DATE OF DEATH Month 6 - Day 29 - Year '60									
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12-14-1870		9. AGE (last birthday) 90		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY ←			11. BIRTHPLACE (City and state or country) Phelps Co. MO.			12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME John Shelton				13b. MOTHER'S MAIDEN NAME ←				14. NAME OF HUSBAND OR WIFE Charley Swyers					
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 Address Home: Swyers (Son) ST. James, 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) Nephritis elev. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis - DUE TO (c) Smility										INTERVAL BETWEEN ONSET AND DEATH 2 yrs			
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
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 a.m. p.m.		Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <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					
21. I attended the deceased from 1-12-50 , to 6-29-60 and last saw her ^{her} alive on 6-23-60 Death occurred at 4:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) [Signature] Mrs.						22b. ADDRESS St James MO			22c. DATE SIGNED 6-30-60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-2-60		23c. NAME OF CEMETERY OR CREMATORY MASONIC Cem.				23d. LOCATION (City, town, or county) (State) ST. James, MO.					
24. FUNERAL DIRECTOR ADDRESS Oral E. Lichlider - St James, MO.				25. DATE RECD. BY LOCAL REG. 6-30-1960		26. REGISTRAR'S SIGNATURE Ruth B. Powell							

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
or by me Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Orel E. Lickhiser

Licensed Embalmer No. 3540

P. O. Address St. James

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