

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018631

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 295 Primary Registration District No. 6015 Registrar's No. 68

STATE FILE NUMBER

AMENDED

Filed MAY 25 1961

a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural--Salt Spring Twp.		a. STATE Missouri b. COUNTY Randolph	
Length of stay in 1b 1 yr.		c. CITY OR TOWN Rural--Salt Spring Twp. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Between Moberly & Huntsville		d. STREET ADDRESS (If outside, give location) Between Moberly & Huntsville Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	First William	Middle Harvey	Last Swetnam	4. DATE OF DEATH	Month May	Day 19	Year 1961
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5. SEX male	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 9-24-1885	9. AGE (last birthday) 75	IF UNDER 1 YEAR	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (City and state or country) Randolph Co., Missouri		Months	Days
13a. FATHER'S NAME John Harvey Swetnam		13b. MOTHER'S MAIDEN NAME Hattie Embree		14. NAME OF HUSBAND OR WIFE Daisy Turner Swetnam		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. Don't know	17. INFORMANT Address Mrs. Dan Kaufman:R#2: Moberly, Missouri	
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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:		INTERVAL BETWEEN ONSET AND DEATH 15 min
IMMEDIATE CAUSE (a) Coronary Thrombosis		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) arteriosclerosis	
DUE TO (c)		D.K.

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 type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)	
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20c. TIME OF INJURY	Hour	Month, Day, Year
	a.m. p.m.	

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
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21. I attended the deceased from **Jan 2, 1957** to **May 14, 1961** and last saw him alive on **5/16/61**
 Death occurred at **9:30 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE P. C. Dreyer MD (Degree or title)	22b. ADDRESS Huntsville, Mo.	22c. DATE SIGNED 5/20/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 5-21-1961	23c. NAME OF CEMETERY OR CREMATORY Salem Cemetery	23d. LOCATION (City, town, or county) (State) South of Huntsville, Missouri
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24. FUNERAL DIRECTOR Tom B Patton ADDRESS Huntsville	25. DATE RECD. BY LOCAL REG. 5-23-61	26. REGISTRAR'S SIGNATURE Olenna Patterson
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MD (Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 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 Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntwell

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.