

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-002664

STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. _____ Registrar's No. 11

AMENDED

FILED JAN 30 1962

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hudson		Length of stay in 1b 1yr 10mo 21da	c. CITY OR TOWN Macon Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Still-Hildreth Osteopathic Hospital		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 502 Vine Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Alonza Middle Newton Last Swinney			4. DATE OF DEATH Month January Day 23 Year 1962		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/4/1879	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mine Inspector		10b. KIND OF BUSINESS OR INDUSTRY Mineing	11. BIRTHPLACE (City and state or country) Monroe County, Mo.		12. CITIZEN OF WHAT COUNTRY U. S.
13a. FATHER'S NAME Joseph M. Swinney		13b. MOTHER'S MAIDEN NAME Anna Carroll		14. NAME OF HUSBAND OR WIFE Frances Swinney	
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 Mrs. Frances Swinney Macon, Mo.		

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
IMMEDIATE CAUSE (a) Medullary Failure		minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Thrombotic Encephalomalacia.	48 hours
	DUE TO (c) Arteriosclerosis	years
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

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.)
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 March 2, 1960 to Jan. 23, 1962 and last saw ^{her} alive on January 23, 1962
Death occurred at 8:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Nancy S. Still DO</i>	22b. ADDRESS Macon, Missouri	22c. DATE SIGNED 1/23/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 25, 1962	23c. NAME OF CEMETERY OR CREMATORY Woodlawn
23d. LOCATION (City, town, or county) (State) Macon Missouri		

24. FUNERAL DIRECTOR <i>R. Lester Brown</i>	25. DATE RECD. BY LOCAL REG. 1/23/62	26. REGISTRAR'S SIGNATURE <i>Cuth McNeely</i>
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

DATE AMENDED

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

FEB 19 1962

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 Philip E. Bram, Student Embalmer No. 643
working under my personal supervision.

Student Philip E. Bram
Signature of Student Embalmer

Signed R. Lester Bram

Licensed Embalmer No. 4472

P. O. Address Mason, 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.