

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-020448

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 196 Primary Registration District No. 3026 Registrar's No. 219

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

6/14/63

17005
27005
3
4 0
5 1
6
7 1
8 2
9976X
10
11
1290-3
131-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

Swalley

DOCUMENT

ITEM NO. SHOULD READ

3, 13a, 14, Swalley & 17

BY AFFIDAVIT OF INFORMANT

| | |
|---|---|
| FILED MAY 17 1963 | |
| 1. PLACE OF DEATH | |
| a. COUNTY Jackson | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Independence | a. STATE Missouri b. COUNTY Jackson |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1252 N. River | c. CITY OR TOWN Independence d. STREET ADDRESS 1252 N. River |
| 3. NAME OF DECEASED (Type or print) | |
| First Duane | Middle R. Last SWALLEY |
| 4. DATE OF DEATH May 7 1963 | |
| 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 12-5-1910 |
| 9. AGE (last birthday) 52 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Musician |
| 11. BIRTHPLACE (City and state or country) Magnolia, Iowa | 12. CITIZEN OF WHAT COUNTRY USA |
| 13a. FATHER'S NAME John B. Swally Swalley | 13b. MOTHER'S MAIDEN NAME Ruby Locking |
| 14. NAME OF HUSBAND OR WIFE Fern Swally Swalley | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None |
| 16. SOCIAL SECURITY NO. | 17. INFORMANT Mrs. Fern Swally Independence, Mo. |
| 18. CAUSE OF DEATH (Enter only one cause per line) | |
| PART I. DEATH WAS CAUSED BY: | |
| IMMEDIATE CAUSE (a) Bullet wound mouth | |
| 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. <input type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> |
| 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) Self Inflicted | 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. 5-7-63 |
| 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.) Home |
| 20f. CITY, TOWN, OR LOCATION Independence | COUNTY Jackson STATE MO |
| 21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE (Degree or title) Alba L. Craig | 22b. ADDRESS 152 Union Station |
| 22c. DATE SIGNED 5-9-63 | 23. BURIAL, CREMATION, REMOVAL (Specify) |
| 23a. DATE 5-10-1963 | 23b. NAME OF CEMETERY OR CREMATOR Mound Grave Cemetery |
| 23c. LOCATION (City, town, or county) Independence, Missouri | 24. FUNERAL DIRECTOR Roland R. Speaks Independence, Mo. |
| 25. DATE RECD. BY LOCAL REG. 5-10-63 | 26. REGISTRAR'S SIGNATURE Alba L. Craig |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

MAY 27 1963

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 Wayne Smith

Licensed Embalmer No. 5081

P. O. Address Indep. 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.