

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040393

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 531

DO NOT WRITE ON THIS STUB

AMENDED

NOV 12 1963

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Cherokee</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Joplin</b>		c. CITY OR TOWN <b>Galena</b>	
Length of stay in 1b <b>one week</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>Galena Heights Addition</b>	
3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>Boyd</b> Last <b>Swager</b>		4. DATE OF DEATH Month <b>November</b> Day <b>4</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-14-81</b>
9. AGE (last birthday) <b>82</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HR Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Miner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Pb &amp; Zn Mines</b>	11. BIRTHPLACE (City and state or country) <b>Mason Co. West Virg. U.S.A.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13. FATHER'S NAME <b>Avery Gram Swager</b>	
13b. MOTHER'S MAIDEN NAME <b>Martha Elizabeth Coulter</b>		14. NAME OF HUSBAND OR WIFE <b>Etta Swager</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Etta Swager</b>		Address <b>Galena, Kansas</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>Hypostatic Pneumonia Terminal 22 hrs</b> <b>Congestive Heart Failure</b> Interval between ONSET AND DEATH <b>Indeterminate</b>			
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) <b>Cerebral Hemorrhage Recent.</b>			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 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>10:35</b> a.m. <b>p.m.</b> Month, Day, Year <b>11/1/63</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 <b>Joplin, Mo</b>	
20g. COUNTY		20h. STATE	
21. I attended the deceased from <b>11/1/63</b> to <b>11/4/63</b> and last saw <sup>her</sup> him alive on <b>11/4/63</b> Death occurred at <b>10:35 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Paul H. Gumbo M.D.</b>		22b. ADDRESS <b>Joplin, Mo</b>	
22c. DATE SIGNED <b>11/5/63</b>		(State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>11-7-1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hill Crest Cem.</b>	23d. LOCATION (City, town, or county) <b>Galena, Kansas</b>
24. FUNERAL DIRECTOR <b>Roy L. Derfelt</b>		25. DATE RECD. BY LOCAL REG. <b>11-5-1963</b>	
ADDRESS <b>Galena, Kansas</b>		26. REGISTRAR'S SIGNATURE <b>Dovie Merriam</b>	

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STATEMENT BY LICENSED EMBALMER

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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 Roy L. Derfelt

Licensed Embalmer No. 4945

P. O. Address Salina Kansas

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.