

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-019349  
STATE FILE NUMBER

FILED JUN 10 1958 Registration District No. 297 Primary Registration District No. 4446 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <b>RAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>RAY</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>HARDIN</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>HARDIN</b> 0890
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>		Length of stay in lb <b>30 yrs.</b>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>PEARL</b> Middle <b>SWINNEY</b> Last			4. DATE OF DEATH Month <b>MAY</b> Day <b>28</b> Year <b>1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 9 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>DEC 7, 1880</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARM OWNER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	9. AGE (In years last birthday) <b>78</b> IF UNDER 1 YEAR: Months Days Hours Min.
11. BIRTHPLACE (City and state or country) <b>RAY COUNTY, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>ELI FRAZIER</b>		13b. MOTHER'S MAIDEN NAME <b>MARY BELLE MOORE</b>	14. NAME OF HUSBAND OR WIFE <b>OLIVER K. SWINNEY</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. _____	17. INFORMANT <b>MARY F. SWINNEY - HARDIN, Mo.</b> Address
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>Coronary Artery occlusion</b> DUE TO (b) <b>Generalized arteriosclerosis</b> DUE TO (c) <b>Diabetes mellitus</b> 260X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <b>5 min.</b> <b>unknown</b> <b>18 years.</b> 19. WAS AUTOPSY PERFORMED? 2 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 _____ Month _____ Day _____ Year _____ p.m.		20d. INJURY OCCURRED WHILE AT <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 <b>May 24, 1951</b> , to <b>July 28, 1956</b> and last saw her <sup>her</sup> <del>them</del> alive on <b>July 28, 1956</b> Death occurred at <b>1:25 p.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>J. A. Johnson M.D.</b> (Degree or title)		22b. ADDRESS <b>Richmond, Mo.</b>	
22c. DATE SIGNED <b>5/31/58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5-30-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>HARDIN CEM.</b>	23d. LOCATION (City, town, or county) (State) <b>HARDIN Mo.</b>
24. FUNERAL DIRECTOR <b>KNIPSCHILD BORCHERDING - HARDIN, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>6-2-1958</b>	26. REGISTRAR'S SIGNATURE <b>Meluel Jackson</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *August Boucherding* .....

-Licensed Embalmer No. *4678* .....

P. O. Address.. *Hardin, 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.