

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037474

STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 106

S. 300
v. 1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Richmond
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1/2 mi. S. of Richmond		Length of stay in lb 2 yrs.	189 ^d STREET ADDRESS (If outside, give location) 421 S. Camden
3. NAME OF DECEASED (Type or print) First NETTLE Middle - Last SWINNEY			4. DATE OF DEATH Month October Day 13 Year 1958
5. SEX Female	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 Dec. 2, 1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE (In years last birthday) 87
13a. FATHER'S NAME Peter Price		13b. MOTHER'S MAIDEN NAME Mahalia Endsley	11. BIRTHPLACE (City and state or country) Harrison County, Mo.
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. None	12. CITIZEN OF WHAT COUNTRY? U.S.A.
17. INFORMANT Mrs. May Jackson, Richmond, Mo.		14. NAME OF HUSBAND OR WIFE John Thomas Swinney	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LOBAR PNEUMONIA			INTERVAL BETWEEN ONSET AND DEATH Week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) .. DUE TO (c) Arterio-sclerosis			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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.) 4500	
20c. TIME OF INJURY Hour _____ a.m. _____ 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 10-1-58 to 10-13-58 and last saw her him alive on 10-13-58 Death occurred at 6:00 a. m on the date stated above and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ed Jay		22b. ADDRESS Richmond	22c. DATE SIGNED 10-14-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct. 15, 1958	23c. NAME OF CEMETERY OR CREMATORY Sunny Slope Cemetery
24. FUNERAL DIRECTOR Thurman Funeral Home, Richmond, Mo.		23d. LOCATION (City, town, or county) Richmond, Mo.	23e. (State)
25. DATE RECD. BY LOCAL REG. Oct 17 - 1958		26. REGISTRAR'S SIGNATURE Malcol Jackson	

