

FILED FEB 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1140

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3551 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Howell</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>West Plains</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>P. F. D. 1</u>		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED A. (First) <u>William</u> b. (Middle) <u>Allen</u> c. (Last) <u>Swindle</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-14-1949</u>
5. SEX <u>Mo.</u>	6. COLOR OR RACE <u>Wht.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W.</u>	8. DATE OF BIRTH <u>March 5, 1869</u>
9. AGE (In years last birthday) <u>83</u>		10. MONTHS <u>10</u>	11. DAYS <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>David Swindle</u>	
13b. MOTHER'S MAIDEN NAME <u>Sarah Marsh</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Ed Swindle</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronic Decongestion</u> DUE TO (c) <u>Hypertension</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>490X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>Jan 14, 1949</u> to <u>Jan 14, 1949</u> , that I last saw the deceased alive on <u>Jan 14, 1949</u> , and that death occurred at <u>10.45 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Beatrice Cook</u>		23b. ADDRESS <u>West Plains, Mo</u>	
23c. DATE SIGNED <u>2/1/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) _____	
24b. DATE <u>1-16-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hemeland Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Howell Mo</u>		DATE REC'D BY LOCAL REG. <u>Jan 29-49</u>	
REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		379	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson's West Plains, Mo</u>		ADDRESS _____	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

46  
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Received  
Returned  
21 JAN 1949

DATE FILED 2-2-49  
DISTRICT FILE NUMBER 24918  
DIRECTOR HEALTH OFFICER NO. 5  
RECEIVED 2-2-49

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 .....  
Student Embalmer

Signed *A. H. Robertson*

Licensed Embalmer No. *3432*

P. O. Address *West Plains, 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 this body is not embalmed, fact should be so stated above.