S. No. 300
v. 10.48

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

FILED JUN 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16514

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 225

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marceline
c. LENGTH OF STAY (in this place): 32 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Linn
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marceline,
d. STREET ADDRESS (If rural, give location): 124 E Lake

3. NAME OF DECEASED (Type or Print)
a. (First): Elza
b. (Middle):
c. (Last): Swink

4. DATE OF DEATH (Month) (Day) (Year): May 18 1949

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 11, 1883
9. AGE (In years last birthday): 65 — If under 1 year: Months 11, Days 7 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Engineer
11. BIRTHPLACE (State or foreign country): Goldsberry Missouri
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: R.O.Swink
13b. MOTHER'S MAIDEN NAME: Abigail Ratliff
14. NAME OF HUSBAND OR WIFE: Effie May Swink

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 709-18-2361
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Robert Roe Swink, Brookfield, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary Sclerosis — 10 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Hypertension, obesity — 4 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1946, *to* May 18, 1949, *that I last saw the deceased alive on* May 18, 1949, *and that death occurred at* 1:35 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Philip A. Ottman, M.D.
23b. ADDRESS: Marceline, Mo.
23c. DATE SIGNED: 5/19/49

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 5-20-1949
24c. NAME OF CEMETERY OR CREMATORY: Hilton Cemetry
24d. LOCATION (City, town, or county) (State): Near Ethel, Missouri

DATE REC'D BY LOCAL REG.: 5/20/49
REGISTRAR'S SIGNATURE: Mary Jane Owens
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: James M. Vaughan, Marceline, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUN 1 3 1949

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 Blanche McLaughlin

Licensed Embalmer No. 1909

P. O. Address Marceline, 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.