

FILED AUG 9 1949

STANDARD CERTIFICATE OF DEATH

22908

State File No.

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

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 93

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>COOPER COUNTY</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>COOPER</u> | |
| b. CITY OR TOWN <u>BOONVILLE</u> | | c. CITY OR TOWN <u>BOONVILLE</u> | |
| c. LENGTH OF STAY (in this place) <u>70YRS</u> | | d. STREET ADDRESS (If rural, give location) <u>301 E SPRING STREET</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH HOSPITAL</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 23-49</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) _____ c. (Last) <u>SWAP</u> | | 5. SEX <u>MALE</u> | |
| 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | |
| 8. DATE OF BIRTH <u>APRIL 23-1865</u> | | 9. AGE (in years) (Months) (Days) (If under 1 year, last birthday) <u>84</u> <u>3</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DENTIST</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> | |
| 13a. FATHER'S NAME <u>FRANKLIN SWAP</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARY MITCHELL</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>JENNIE NORTH (SWAP)</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u> | |
| 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>CHARLES SWAP JR.</u> ADDRESS <u>BOONVILLE MO</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL THROMBOSIS</u> ANTECEDENT CAUSES DUE TO (b) <u>PREVIOUS CEREBRAL ACCIDENTS</u> DUE TO (c) <u>CEREBRAL ARTERIOSCLEROSIS</u> II. OTHER SIGNIFICANT CONDITIONS. <u>332X</u> Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION <u>✓</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>✓</u> | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u> | |
| 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>BOONVILLE MO</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? <u>✓</u> | | 22. I hereby certify that I attended the deceased from <u>7/16</u> , 19 <u>49</u> , to <u>7/23</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>7/22</u> , 19 <u>49</u> , and that death occurred at <u>1:45 P.M.</u> , from the causes and on the date stated above. | |
| 23a. SIGNATURE (Degree or title) <u>W. H. CUMMINS, M.D.</u> | | 23b. ADDRESS <u>329 MAIN ST.</u> | |
| 23c. DATE SIGNED <u>7/23/49</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | |
| 24b. DATE <u>July 25-49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>BOONVILLE MO</u> | | DATE REC'D BY LOCAL REG. <u>Jul 26-49</u> | |
| REGISTRAR'S SIGNATURE <u>D. Hooper</u> 381 | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>GOODMAN AND BOLLER</u> ADDRESS <u>BOONVILLE MO</u> | |

RECEIVED AUG 3
District Health Officer No. 8,
District File Number _____
Date Filed 8-8-49

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 William N. Wood

Licensed Embalmer No. 4539

P. O. Address Boonville, 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.