

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

22925

State File No. ....

**FILED JUL 18 1949**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 5327 Registrar's No. 15

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>CRAWFORD</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL (UNION)</u> c. LENGTH OF STAY (In this place) <u>5 1/2</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>NEAR KEYSVILLE, MO.</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CRAWFORD</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - UNION TWP. 28</u> d. STREET ADDRESS (If rural, give location) <u>NEAR KEYSVILLE, MO.</u>	
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<b>3. NAME OF DECEASED</b> a. (First) <u>JAMES EARL</u> b. (Middle) <u>SWYERS</u> c. (Last) <u>SWYERS</u> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>6-20-49</u>		
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<b>5. SEX</b> <u>MALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>MARRIED</u>	<b>8. DATE OF BIRTH</b> <u>3-8-1897</u>	<b>9. AGE</b> (In years last birthday) <u>52</u>	<b>IF UNDER 1 YEAR</b> Months <u>3</u> Days <u>12</u>	<b>IF UNDER 24 HRS.</b> Hours <u> </u> Min. <u> </u>
<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			<b>11. BIRTHPLACE</b> (State or foreign country) <u>CRAWFORD CO., MO.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	

<b>13a. FATHER'S NAME</b> <u>THOMAS SWYERS</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>MARY BECKHAM</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>REBECCA SWYERS</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	<b>16. SOCIAL SECURITY NO.</b> <u>NONE</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>REBECCA SWYERS - KEYSVILLE, MO.</u>
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<b>18. CAUSE OF DEATH</b> 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.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>UNKNOWN.</u>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocardial weakness - 4 yr.</u> DUE TO (c) <u>Acute otitis media</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>  <u>1 wk</u>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. SUICIDE</b> (Specify) <u> </u>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u> </u> <u> </u> <u>28</u>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u> </u>	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <u> </u>

22. I hereby certify that I attended the deceased from Dec 27, 1947, to June 20, 1949, that I last saw the deceased alive on May 19, 1949, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Deceased or title) <u>William R. Roney D.O.</u>	<b>23b. ADDRESS</b> <u>Steelsville</u>	<b>23c. DATE SIGNED</b> <u>6/20/49</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>BURIAL</u>	<b>24b. DATE</b> <u>6-21-49</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>KEYSVILLE CEM.</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>KEYSVILLE, MO.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>7-6-49</u>	<b>REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>	<b>76</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Thomas H. Hubert, Steelsville, Mo.</u>
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RECEIVED

7-5-49

District Health Officer No. 3

District File Number 749494

Date Filed 7-14-49

JUL 18 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 Thomas S. Halburk

Licensed Embalmer No. 43321

P. O. Address, Steelville, 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.