

S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25830

State File No.

FILED AUG 8 1949

BIRTH NO. _____ REG. DIST. NO. 302 PRIMARY REG. DIST. NO. 6189 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Taney</u>	
b. CITY OR TOWN <u>Walnut Shade</u>	c. LENGTH OF STAY (in this place) <u>3 yrs</u>	c. CITY OR TOWN <u>Walnut Shade</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Route</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Willie SWINDLE</u> c. (Last) <u>SWINDLE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 17, 49</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <u>Married</u>	8. DATE OF BIRTH <u>June 10-1876</u>
9. AGE (in years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>7</u>	IF UNDER 6 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Willie Swindle</u>	
13b. MOTHER'S MAIDEN NAME <u>Pettie Quinn</u>		14. NAME OF HUSBAND OR WIFE <u>Sally Swindle</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (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>J.C. Swindle</u>		ADDRESS <u></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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac - Circulatory</u> ANTECEDENT CAUSES DUE TO (b) <u>Fracture of Inferior of eye</u> DUE TO (c) <u>Paralytic of legs</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Hemorrhage</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>5/01</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>none</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE WORKING <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>none</u>	
22. I hereby certify that I attended the deceased from <u>7-14</u> , 19 <u>49</u> , to <u>7-17</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>7-17</u> , 19 <u>49</u> and that death occurred at <u>9</u> p. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. R. L. Saunders, D.O.</u>		23b. ADDRESS <u>Fansyth Mo</u>	23c. DATE SIGNED <u>7-18-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>July 18-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Phetia</u>	24d. LOCATION (City, town, or county) (State) <u>Taney Mo</u>
DATE REC'D BY LOCAL REG. <u>July 18-49</u>	REGISTRAR'S SIGNATURE <u>J.C. Cogswell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R.O. Whelchel</u> ADDRESS <u>Brunson Mo</u>	

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

RECEIVED JUL 25 1949

District Health Office No. 6,

District File Number 749-859

Date Filed 7-29-49

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 Minnie J. Whelchel

Licensed Embalmer No. 2277

P. O. Address Brunson 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.