

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12719

State File No. ....

BIRTH NO. 20826-50 REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 112

0422

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

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>HENRY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton MO 0422</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>710 W OHIO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WETZEL HOSPT</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JERRY</u> b. (Middle) <u>RAY</u> c. (Last) <u>SWANAGAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 25 1950</u>		
5. SEX <u>MALE</u> 6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARR</u>		8. DATE OF BIRTH <u>4/23/1950</u>	
9. AGE (In years last birthday) Months Days <u>1 6</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>0</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>0</u>	
11. BIRTHPLACE (State or foreign country) <u>Clinton MO</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13. FATHER'S NAME <u>JAMES SWANAGAN</u>		13b. MOTHER'S MAIDEN NAME <u>Genie Wilson</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If so, no. or unknowns) (If yes, give war or dates of service) <u>0</u>		16. SOCIAL SECURITY NO. <u>0</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James Swanagan</u> ADDRESS <u>Clinton</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature twin.</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>7 7/4 X</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
		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		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) m.		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 4-27, 1950 to 4-25, 1950, that I last saw the deceased alive on 4/24, 1950, and that death occurred at 5:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R J Powell</u> (Degree or title)		23b. ADDRESS <u>Clinton MO</u>		23c. DATE SIGNED <u>4/25/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/26/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Englewood cem</u>	
		24d. LOCATION (City, town, or county) <u>Clinton</u>		(State) <u>MO</u>	

DATE REC'D BY LOCAL REG. <u>April-26-1950</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J E Gonzalez</u> ADDRESS <u>Clinton</u>	
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RECEIVED - 5-1-50  
District Health Officer No.  
District File Number 4-50-44  
Date Filed 5-1-50

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 \_\_\_\_\_

*Not Embalmed* Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.