

FILED JUL 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21242  
Registrar's No. 31

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6020

1. PLACE OF DEATH a. COUNTY <b>Ray</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Crooked River</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Crooked River</b>	
c. LENGTH OF STAY (in this place) <b>75 years</b>		d. STREET ADDRESS (If rural, give location) <b>1 mile north Rayville</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1 mile north Rayville</b>		d. STREET ADDRESS (If rural, give location) <b>1 mile north Rayville</b>	

3. NAME OF DECEASED (Type or Print) <b>Reason</b>	a. (First) <b>L.</b>	b. (Middle)	c. (Last) <b>Swafford</b>	4. DATE OF DEATH <b>June 1, 1950</b>
---	----------------------	-------------	---------------------------	--------------------------------------

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>April 18, 1875</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months <b>1</b>	IF UNDER 1 YEAR Days <b>4</b>	IF UNDER 24 HRS. Hours <b></b>	IF UNDER 24 HRS. Min. <b></b>
--------------------	-------------------------------	---	--	---	---------------------------------	-------------------------------	--------------------------------	-------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Rayville, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
---	--	---	--

13a. FATHER'S NAME <b>Samuel R. Swafford</b>	13b. MOTHER'S MAIDEN NAME <b>Susan McLaugh</b>	14. NAME OF HUSBAND OR WIFE <b>Neva L. Swafford</b>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Dean Swafford</b>	ADDRESS <b>Rayville, Missouri</b>
---	-------------------------------------	--	-----------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		
	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.			<b>4/20/1</b>

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)	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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **11:15 A.M.** on the causes and on the date stated above.

23a. SIGNATURE <b>John Rober</b> (Degree or title) <b>3</b>	23b. ADDRESS <b>Richmond Mo.</b>	23c. DATE SIGNED <b>6-3-50</b>
---	----------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 4, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Crowley Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Rayville, Missouri</b>
---	-------------------------------	--	---

DATE REC'D BY LOCAL REG. <b>June 5, 1950</b>	REGISTRAR'S SIGNATURE <b>Malcolm Jackson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Quest-Life Funeral Home</b>	ADDRESS <b>Richmond, Missouri</b>
--	--	---	-----------------------------------

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

RECEIVED JUN 12  
District Health Officer No. 87

District File Number \_\_\_\_\_

Date Filed 6-29-50

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed George White

Licensed Embalmer No. 4066

P. O. Address Richmond, 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.