S. No. 300
v. 10-48

0210

FILED JUL 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

0210

State File No. 23051

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5247 Registrar's No. 42

1. PLACE OF DEATH
a. COUNTY: Chariton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Salisbury Township
c. LENGTH OF STAY (in this place): 9 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Aprox 2 mi. No. East of Shannondale

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Chariton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Salisbury Township
d. STREET ADDRESS (If rural, give location): Aprox 2 miles Northeast of Shannondale

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): Halpaine
c. (Last): Swacker

4. DATE OF DEATH (Month) (Day) (Year): July 7 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 7 1884
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months 8, Days 0 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Bank Teller
10b. KIND OF BUSINESS OR INDUSTRY: Banking
11. BIRTHPLACE (State or foreign country): St. Louis Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Howard With Swacker
13b. MOTHER'S MAIDEN NAME: Margaret Elizabeth Walls
14. NAME OF HUSBAND OR WIFE: Lulu Marie Honigman Swacker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.: 497-16-6798
17. INFORMANT'S SIGNATURE OR NAME: Howard Swacker 87 Heatherbrook
ADDRESS: Kirkwood Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 da

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: 331X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-24, 1950, *to* 7-7, 1950, *that I last saw the deceased alive on* 7-7, 1950, *and that death occurred at* 9 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: G W Hawkins (Degree or title) MD
23b. ADDRESS: Salisbury
23c. DATE SIGNED: 7/8/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 10 - 1950
24c. NAME OF CEMETERY OR CREMATORY: Zion Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis Mo

DATE REC'D BY LOCAL REG.: 7-8-50
REGISTRAR'S SIGNATURE: G W Hawkins
25. FUNERAL DIRECTOR'S SIGNATURE: C B Winkelmeyer
ADDRESS: Salisbury Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 1 1 1950
District Health Officer No. 10
District File Number 7-50-1136
Date Filed JUL 1 4 1950

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 Chas B Winkelmeyer

Licensed Embalmer No. 3842

P. O. Address Salisbury 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.