

FILED AUG 14 1950

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

State File No. 23104

264  
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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 189

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jefferson City,</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jefferson City,</b> 1264	
c. LENGTH OF STAY (In this place) <b>32 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>1110 West Dunklin</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1110 West Dunklin Street</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b> b. (Middle) <b>T.</b> c. (Last) <b>SWENEHART</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>August 8 1950</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Sept. 30, 1877</b>
9. AGE (In years last birthday) <b>72</b>		IF UNDER 1 YEAR Months <b>10</b>	IF UNDER 24 HRS. Days <b>9</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mechanic Mo. Pac R.R. Railroad</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Ohio</b>	11. BIRTHPLACE (State or foreign country) <b>Ohio</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.a</b>			
13a. FATHER'S NAME <b>Jacob Swenehart</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Ray</b>	14. NAME OF HUSBAND OR WIFE <b>Lena Frances Swenehart</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>490-09-8706</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Lena Frances Swenehart</b> ADDRESS <b>1110 W. Dunklin</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <i>Hypertension, cardiac vascular disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 yrs</i>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>due to (b) Dr. hepatitis</i>		DUE TO (c) <i>2 yrs</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>443X</b>	
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 <i>Jan 1950</i> , to <i>Aug 8 1950</i> , that I last saw the deceased alive on <i>Aug 8, 1950</i> , and that death occurred at <i>9:30 AM</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Wm. D. Dwyer</i>		23b. ADDRESS <i>Jefferson City, Mo.</i>	23c. DATE SIGNED <i>8-10-50</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 10, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Riverview Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Jefferson City, Mo.</b>
DATE REC'D BY LOCAL REG. <b>Aug 11-1950</b>	REGISTRAR'S SIGNATURE <b>R. P. Davis MD - MR. 68</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>James Turner</b> ADDRESS <b>Turner Funeral Home 700 Jefferson St.</b>	

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

RECEIVED 8/14/50  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 8/13/50

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed *Sybilster Dulle*  
Student Embalmer No. ....

Licensed Embalmer No. 4321

P. O. Address *Jefferson City, 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.