

FILED SEP 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29609**
Registrar's No. **35**

BIRTH NO. _____ REG. DIST. NO. **46** PRIMARY REG. DIST. NO. **4065**

1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death) a. STATE Missouri b. COUNTY Caldwell	
b. CITY (If outside corporate limits, write RURAL and give town) Polo c. LENGTH OF STAY (in this place) 2 years		c. CITY (If outside corporate limits, write RURAL and give township) Rural Grant Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)
 a. (First) **Thomas** b. (Middle) **Harmon** c. (Last) **Swafford**
 4. DATE OF DEATH (Month) (Day) (Year) **Sept. 8 1950**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) **Married**
 8. DATE OF BIRTH **May 29 1881** 9. AGE (10 years last birthday) **69** 10. UNDER 1 YEAR Days **3** 11. UNDER 14 HRS. Hours **10** Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farmer Retired**
 10b. KIND OF BUSINESS OR INDUSTRY **FARMING**
 11. BIRTHPLACE (State or foreign country) **Missouri Ray Co.**
 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **John Swafford** 13b. MOTHER'S MAIDEN NAME **Marie Lee** 14. NAME OF HUSBAND OR WIFE **Emma Swafford**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No**
 16. SOCIAL SECURITY NO. **None**
 17. INFORMANT'S SIGNATURE AND ADDRESS **Emma Swafford, Polo Missouri**

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

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Chronic Myocarditis**
 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.
4222

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) (Min.) _____ 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 **Jan 1st 1949**, to **Sept. 8 1950**, that I last saw the deceased alive on **Sept. 7 1950**, and that death occurred at **8:40 A** m., from the causes and on the date stated above.

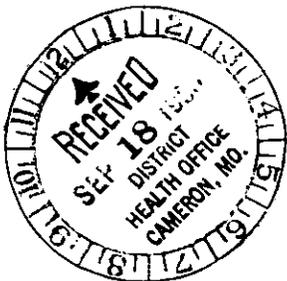
23a. SIGNATURE (Degree or title) **O. Kilbourn, M.D.** 23b. ADDRESS **Council, MO.** 23c. DATE SIGNED **9/8/50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **9-11-50** 24c. NAME OF CEMETERY OR CREMATORY **City Cemetery** 24d. LOCATION (City, town, or county) (State) **Liberty Missouri**

DATE REC'D BY LOCAL REG. **Sept 16-50** REGISTRAR'S SIGNATURE **Glady's Jones** 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS **Alspaugh & Cawley**

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

0130



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 Wayne H. Hallerman

Licensed Embalmer No. 4627

P. O. Address Polo, Md.

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.