

FILED OCT 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32945**

BIRTH NO. _____ REG. DIST. NO. **61** PRIMARY REG. DIST. NO. **4107** Registrar's No. **55**

| | | | |
|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Cedar | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cedar | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eldorado Springs | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Jefferson 0201 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Lorenz Nursing Home | | d. STREET ADDRESS (If rural, give location) Rural, 7 Mi N.E., Stockton, Mo | |
| 3. NAME OF DECEASED (Type or Print) | a. (First) Frank | b. (Middle) William | c. (Last) Swager |
| 4. DATE OF DEATH | (Month) (Day) (Year) Sept. 28, 1950 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Jan. 14, 1874 |
| 9. AGE (In years last birthday) | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. | 76 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming | 10b. KIND OF BUSINESS OR INDUSTRY Farmer | 11. BIRTHPLACE (State or foreign country) Marion, Indiana | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME John Swager | | 13b. MOTHER'S MAIDEN NAME Jenny Dillie | |
| 14. NAME OF HUSBAND OR WIFE Charity Viola Swager | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charity Viola Swager, Stockton, 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Block INTERVAL BETWEEN ONSET AND DEATH Heart ANTECEDENT CAUSES Morbidity 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. 4330 | |
| 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 Jan 19, 1950 , to Sep 30, 1950 , that I last saw the deceased alive on Sep 10, 1950 , and that death occurred at 8 A m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) L. J. Dunaway M.D. | | 23b. ADDRESS Eldorado Springs | 23c. DATE SIGNED 10/2/50 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 9/30/50 | 24c. NAME OF CEMETERY OR CREMATORY Stockton City | 24d. LOCATION (City, town, or county) (State) Cedar County, Missouri |
| DATE REC'D BY LOCAL REG. OCT. 2, 1950 | REGISTRAR'S SIGNATURE [Signature] | FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Stockton, Mo. | |

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

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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED

OCT 17 1950

File 10-50-2121
Date Filed 10-17-50

REC'D
O. I. ADM

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 John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Stockton, 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.