

FILED DEC 12 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 36399

BIRTH NO. _____ REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 5214 Registrar's No. 28

0180
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Carter		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN (Rural) Johnson	c. LENGTH OF STAY (In this place) 1 day	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia 0804	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2 miles west of Grandin		d. STREET ADDRESS (If rural, give location) 1001 west 11th St.	

3. NAME OF DECEASED (Type or Print) James Robert Swope	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH 12 1 50	(Month) (Day) (Year)
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 24, 1901	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber	10b. KIND OF BUSINESS OR INDUSTRY Home Construction	11. BIRTHPLACE (State or foreign country) Pettis Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James R. Swope	13b. MOTHER'S MAIDEN NAME Mary A. Henderson	14. NAME OF HUSBAND OR WIFE Bessie Swope
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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. 489-10-3333	17. INFORMANT'S SIGNATURE OR NAME Bessie Swope	ADDRESS Sedalia, Mo.
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun Shot		INTERVAL BETWEEN ONSET AND DEATH 3:41 78 43
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION
19c. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) in timber	21c. (CITY, TOWN, OR TOWNSHIP) Johnson (COUNTY) Carter (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12 1 50 7:30 AM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Shot while deer hunting

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 7:30 A. m., from the causes and on the date stated above.

23. SIGNATURE <i>Leaton Peritt</i>	(Degree or title) Coroner	23b. ADDRESS Van Buren, Mo.	23c. DATE SIGNED 12-1-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 4, 1950	24c. NAME OF CEMETERY OR CREMATORY Mt. Herman	24d. LOCATION (City, town, or county) (State) Sedalia, Mo.
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DATE REC'D BY LOCAL REG. Dec. 7-50	REGISTRAR'S SIGNATURE Mrs. Oleta Henderson	25. FUNERAL DIRECTOR'S SIGNATURE Switbeck	ADDRESS Sedalia, Mo.
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RECEIVED

DEC 11 1950

DISTRICT HEALTH OFFICE No. 6

No.

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 Seaton Dewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren 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.