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

FILED DEC 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36611

State File No. \_\_\_\_\_

BIRTH NO. 44268-57 REG. DIST. NO. 108 PRIMARY REG. DIST. NO. 2423 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Lunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Senath, Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Senath, Rural Salem</u>	
c. LENGTH OF STAY (in this place) <u>3 Mos</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Donald</u> b. (Middle) <u>Ray</u> c. (Last) <u>Swindle</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 2, 1950</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Aug. 15, 1950</u>	9. AGE (In years last birthday) <u>3</u>	10. UNDER 1 YEAR Months <u>17</u> Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Child</u>		11. BIRTHPLACE (State or foreign country) <u>Senath, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Billy Wayne Swindle</u>		13b. MOTHER'S MAIDEN NAME <u>Gæen Dola Beird</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Bill Swindle</u> ADDRESS <u>Senath, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>third degree burns</u> <u>Trapped in</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES DUE TO (b) <u>House burning up</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>80/160</u> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>16</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Senath, Missouri Lunklin</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec. 2, 1950 7A</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>Home Buried</u>	

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

23a. SIGNATURE <u>Walter C. Houchens</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Kennett Mo.</u>		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-3-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>McGrew</u>	
24d. LOCATION (City, town, or county) (State) <u>Senath, Missouri Lunklin</u>					

DATE REC'D BY LOCAL REG. <u>12-5-1950</u>		REGISTRAR'S SIGNATURE <u>Wm J. Lanier</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McDaniel Funeral Service, Inc.</u> ADDRESS <u>Senath, Missouri</u>	
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RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 12-7-50

COUNTY FILE NUMBER 1250-325

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

*A. Crawford*

Licensed Embalmer No. 4466

P. O. Address Summit, 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.