

FILED JAN 15 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 677

BIRTH NO. 1056-51 REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 5356 Registrar's No. 4

0300  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Wilson</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lone Lake, MO</u>	d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Everett</u> b. (Middle) <u>Lee</u> c. (Last) <u>Swigert</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-3-1951</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Mar</u>	8. DATE OF BIRTH <u>1-3-1951</u>	9. AGE (In years last birthday) <u>4</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS Hours	IF UNDER 15 MIN Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Lone Lake, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
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13a. FATHER'S NAME <u>Ira Swigert</u>		13b. MOTHER'S MAIDEN NAME <u>Dorlene Solder</u>		14. NAME OF HUSBAND OR WIFE			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ira Swigert Lone Lake, MO</u> ADDRESS			
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hydrops fetalis</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>4 hr</u>  <u>7700</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Jan 3, 1951, to Jan 3, 1951, that I last saw the deceased alive on Jan 3, 1951, and that death occurred at 11 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>O. Griffin</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Buffalo MO</u>		23c. DATE SIGNED <u>5 Jan 51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-3-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Benton Branch</u>	24d. LOCATION (City, town, or county) (State) <u>Dallas Co. MO</u>
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DATE REC'D BY LOCAL REG. <u>1/7/51</u>	REGISTRAR'S SIGNATURE <u>Miss J. B. Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Montgomery-Bughan</u>	ADDRESS <u>Buffalo, MO</u>
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**DIVISION OF HEALTH OF NO.**

District No. 5 - Springfield

RECEIVED JAN 9 1951

Dist. File 127-79

Date Filed 1-9-51

**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 <sup>not</sup>.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Lloyd Montgomery*.....

Licensed Embalmer No. *3592*.....

P. O. Address *Buffalo, 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.