

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4522  
Registrar's No. 127

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Seneca, Rural</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Vet. Adm. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>W.</u> c. (Last) <u>SWATSENBURG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 16, 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 16, 1881 1898</u>
9. AGE (In years last birthday) <u>69-37</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Lead Hill, Arkansas</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>James B. Swatsenbarg</u>		13b. MOTHER'S MAIDEN NAME <u>Rosanna McGehee</u>	14. NAME OF HUSBAND OR WIFE <u>LILLIE LILLIE M. Swatsenbarg</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>Yes WW One</u>		16. SOCIAL SECURITY NO. <u>500-09-4747</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VAH Records, Springfield, Mo.</u>
18. CAUSE OF DEATH (For only one cause per line for (a), (b), and (c)) <i>Does not mean the mode of death, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cor Pulmonale</u>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Tuberculosis, pulmonary, chronic, far advanced, active.</u> DUE TO (c) <u>Chronic Bronchial Asthma</u>			<u>002 X</u>
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 <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 <u>July 26</u> , 19 <u>50</u> , to <u>Feb 14</u> , 19 <u>51</u> , and that death occurred at <u>2:20 A.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Paul L. Elsele, MD. Professional Services</u>		23b. ADDRESS <u>VAH., Springfield, Mo.</u>	23c. DATE SIGNED <u>2-16-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Feb 16, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>	24d. LOCATION (City, town, or county) (State) <u>Seneca, Mo.</u>
DATE REC'D. BY LOCAL REG. <u>2/16/51</u>	REGISTRAR'S SIGNATURE <u>W.E. Hundley</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. Schmeyer, Springfield, Mo.</u>	

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

0396

MAR 10 1951

FEB 27 1951

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed James W. Wair  
Licensed Embalmer No. 4650

P..O. Address Springfield 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.

1951

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri ss.  
County of Newton

State File No. 4522  
Local Registrar's No. \_\_\_\_\_

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 6 day of March, 1951, before me appears Lillie May Swatsenbarg, upon oath, states that the original record of birth for James W. Swatsenbarg, <sup>died</sup> Feb. 16, 1951, in the State of Missouri, and which was filed at Springfield, Mo. <sup>born</sup> on Feb. 16, 1951, should be corrected as follows:

- Item No. 8 should read May 15, 1893  
Instead of May 16, 1881
- Item No. 9 should read 57  
Instead of 69
- Item No. 14 should read Lillie M. Swatsenbarg  
Instead of Lilly M. Swatsenbarg
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.  
(SEAL) Lillie May Swatsenbarg wife  
Relationship.

Seneca, Missouri  
Present Address.

Subscribed and sworn to before me this 6 day of March, 1951  
My Commission expires June 13, 1952 Vesta Plummer Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

1951

S-4522