No. 300
10.48

FILED MAR 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7620

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 331

117
2

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

1. PLACE OF DEATH
a. COUNTY: Buchanan.
b. CITY (If outside corporate limits, write RURAL and give township) ~~OR TOWN~~: St. Joseph
c. LENGTH OF STAY (in this place): 2 yrs. 4 mos. 26 dys.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital No. 2.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Linn
c. CITY (If outside corporate limits, write RURAL and give township) ~~OR TOWN~~: Brookfield. 0582
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print)
a. (First): GIDEON
b. (Middle): —
c. (Last): SWANK.

4. DATE OF DEATH (Month) (Day) (Year): 3-22-1951.

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married, /
8. DATE OF BIRTH: 1-11-1867.
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months 2, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Common Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Railroad.
11. BIRTHPLACE (State or foreign country): New Cambria, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: unknown.
13b. MOTHER'S MAIDEN NAME: unknown.
14. NAME OF HUSBAND OR WIFE: unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no. (If yes, give war or dates of service): no.
16. SOCIAL SECURITY NO.: none.
17. INFORMANT'S SIGNATURE OR NAME: Guy Swank. 41080 Main Brookfield Mo. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): chronic myocarditis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arterio-sclerosis
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Senile Psychosis.

INTERVAL BETWEEN ONSET AND DEATH: 4221
5 years.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ 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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-14-, 1948, *to* 3-22-, 1951, *that I last saw the deceased alive on* 3-22-, 1951, *and that death occurred at* 8:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Forrest Thomas. (Degree or title): M.D.
23b. ADDRESS: State Hospital No. 2. St. Joseph Mo.
23c. DATE SIGNED: 3-22-1951.

24a. BURIAL, CREMATION, REMOVAL (Specify): removal. //
24b. DATE: 3/22/51
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Brookfield Missouri

DATE REC'D BY LOCAL REG.: Mar 23, 1951
REGISTRAR'S SIGNATURE: Carl C. Cas[illegible] by Marroway O.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Heaton Bowman Funeral Home
ADDRESS: St Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

APR 6 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 William Spalding

Signed.....
Student Embalmer

Licensed Embalmer No. 4535

P. O. Address 319 S. 10th, St. Joseph, M

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.