

FILED JUN 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19390**

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5096 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Bates</u> MT PLEASANT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Bates</u>	
b. CITY OR TOWN <u>Butler - Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HUME</u>	
c. LENGTH OF STAY (in this place) <u>1 DAY</u>		d. STREET ADDRESS (If rural, give location) <u>100 1st St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PINE TREE REST HOME</u>			
3. NAME OF DECEASED a. (First) <u>Edward</u> b. (Middle) <u>T.</u> c. (Last) <u>SWICKHAMMER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-2-51</u>
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W. IV</u>	8. DATE OF BIRTH <u>OCT 9. 1868</u>
9. AGE (In years last birthday) <u>82</u>		<u>5</u> Months <u>23</u> Days	If under 1 year: Hours <u> </u> Mins. <u> </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> </u>	11. BIRTHPLACE (State or foreign country) <u>FOSTER MO.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Geo. P. Swickhammer</u>	
13b. MOTHER'S MAIDEN NAME <u>JULIA Engel.</u>		14. NAME OF HUSBAND OR WIFE <u>Maggie</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u> </u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ALBERT SWICKHAMMER</u> ADDRESS <u> </u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Trauma by fall</u> INTERVAL BETWEEN ONSET AND DEATH <u> </u> *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Skull fracture</u> DUE TO (c) <u>(May 1 - 51)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>68124</u>			
19a. DATE OF OPERATION <u> </u>		19b. MAJOR FINDINGS OF OPERATION <u> </u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>25</u>	
21a. ACCIDENT SOURCE HOME OR ELSEWHERE (Specify) <u> </u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>on highway</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>near Dexter Bates mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 11 1951 7:00 am</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>hit by automobile</u>	
22. I hereby certify that I attended the deceased from <u>May 11, 1951</u> , to <u>June 2, 1951</u> , that I last saw the deceased alive on <u>June 1, 1951</u> , and that death occurred at <u>1:45 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Wesley L. Luck, M.D.</u> (Degree or title)		23b. ADDRESS <u>Butler, mo</u>	
23c. DATE SIGNED <u>6/6/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>JUNE 4 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>INDEPENDENCE</u>	
24d. LOCATION (City, town, or county) (State) <u>BATES COUNTY - MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u> </u> ADDRESS <u> </u>	
DATE REC'D BY LOCAL REG. <u>June 6 - 51</u>		REGISTRAR'S SIGNATURE <u> </u> ADDRESS <u> </u>	

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

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RECEIVED 6-15-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 6-15-51 _____

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

John A. Underwood
Licensed Embalmer No. 3585

P. O. Address Butler 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.