

No. 300  
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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11927**

APR 29 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **5035** Registrar's No. **70**

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

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural--Saling</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural--Saling</b>	
c. LENGTH OF STAY (In this place) min. _____		d. STREET ADDRESS (If rural, give location) <b>RFD 2</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Highway 22</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>CHARLES</b>	b. (Middle) <b>ABNER</b>	c. (Last) <b>SWARTZ</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 21, 1952</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>4-16-1893</b>	9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Augusta, Illinois</b>	12. COUNTRY OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William Fletcher Swartz</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Ellen Bartholomew</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Charles A. Swartz, Centralia, Mo.</b>	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		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Shock of injuries received in</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>an Automobile and Truck wreck</b> DUE TO (c) <b>Carless driving of Mr. Starnes</b>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>Budd. blime by Lyman Jean Chappleton</b>			

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION <b>007</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <b>Highway 22</b>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>Saling Audrain Mo</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>April 21 1952</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Caused in Truck and Automobile</b>
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22. I hereby certify that I attended the deceased from **Coroner August Jorg**, that I last saw the deceased **live** on **April 21, 1952**, and that death occurred at **5 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>S. C. Adams, M.D. Coroner</b>	23b. ADDRESS <b>Merico, Mo.</b>	23c. DATE SIGNED <b>4-22-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4-23-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Appleman's Chapel Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Audrain County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>April 23 1952</b>	REGISTRAR'S SIGNATURE <b>Blanche Reely</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Bill S. Meador</b>	ADDRESS <b>Centralia, Mo.</b>
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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 Bill J. Meador

Signed.....  
Student Embalmer

Licensed Embalmer No. 4896

P. O. Address Centralia, Missouri

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.