

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. HANSS: **31353**
State File No.

897

FILED OCT 14 1952

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|--|---|---|---|--|---|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>128</u> | | PRIMARY REG. DIST. NO. <u>2000</u> | | Registrar's No. | |
| 1. PLACE OF DEATH a. COUNTY <u>GREENE</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>LOUISIANA</u> b. COUNTY <u>CADDO</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u> | | c. LENGTH OF STAY (in this place) <u>5 DAYS</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SHREVEPORT</u> | | 8170 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BAPTIST HOSP.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>C</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>GUY</u> b. (Middle) <u>ALVIN</u> c. (Last) <u>SWIFT</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 3, 1952</u> | | | | |
| 5. SEX <u>MALE</u> <u>D</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>MARCH 4 1877</u> | | 9. AGE (In years last birthday) <u>75</u> | IF UNDER 1 YEAR Months Days | IF UNDER 1 MRS. Hours Mins. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>FUNERAL DIRECTOR</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>MEMPHIS, TENN. /</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>HENRY ALVIN SWIFT</u> | | | 13b. MOTHER'S MAIDEN NAME <u>HESTER ELIZABETH GUY</u> | | 14. NAME OF HUSBAND OR WIFE <u>CATHERINE SWIFT</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>UNKNOWN</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. DAVID LANEY OSCEOLA ARK.</u> | | | | |
| 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>Cerebral apoplexy</u> ANTECEDENT CAUSES DUE TO (b) <u>Cerebral arteriosclerosis</u> DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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>one week</u> |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>33XX</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>Sept. 14, 1952</u> to <u>10-3, 1952</u> that I last saw the deceased alive on <u>10-2, 1952</u> and that death occurred at <u>1:30a.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Dr. H. H. Lohmeyer</u> | | | (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>Springfield, Mo.</u> | | 23c. DATE SIGNED <u>10-3-52</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>10/3/52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>ERMEN CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>OSCEOLA, ARK.</u> | | |
| DATE REC'D BY LOCAL REG. <u>10-6-52</u> | | REGISTRAR'S SIGNATURE <u>Edith Williamson</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. H. LOHMEYER SPRINGFIELD, MO.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Lucien J. Scoville

Licensed Embalmer No. 4815

P. O. Address Springfield

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.