

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2499**

FILED JAN 26 1953

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hughesville	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) Rural 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) HIRAM	b. (Middle) T.	c. (Last) SWOPE	4. DATE OF DEATH (Month) (Day) (Year) Jan. 15, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 11/30/1864	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Month Days	IF UNDER 1 MIN. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer	10b. KIND OF BUSINESS OR INDUSTRY General farming	11. BIRTHPLACE (City and State or Foreign Country) Pettis Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Hiram Swope	13b. MOTHER'S MAIDEN NAME Elizabeth Greer	14. NAME OF HUSBAND OR WIFE Margaret B. Swope(dec.)
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Roy Swope, Houstonia, Mo.	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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Age DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		1. Fractured hip 2. Total blindness	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from **Jan. 12, 1953**, to **Jan. 14, 1953**, that I last saw the deceased alive on **14th Jan., 1953**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Karl B. Bonser (Type name and title)	23b. ADDRESS Sedalia, Missouri	23c. DATE SIGNED 1-16-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/17/1953	24c. NAME OF CEMETERY OR CREMATORY Mt. Herman Cemetery	24d. LOCATION (City, town, or county) (State) Pettis Co., Mo.
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DATE REC'D BY LOCAL REG. 1/17/53	REGISTRAR'S SIGNATURE R. Campbell MD	25. FUNERAL DIRECTOR'S SIGNATURE DW Dechart	ADDRESS Sedalia, Mo
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(Licensed Embalmer's Statement on Reverse Side)

GILLESPIE FUNERAL HOME
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

15504

251-D

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 Russell C. Maag

Licensed Embalmer No. 4804

P. O. Address Sedalia, 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.