

S. No. 300
V. 10.28

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13938

State File No.

FILED APR 20 1953

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5484 Registrar's No. 45

410
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Butler</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Butler Township 0410</u>	
c. LENGTH OF STAY (in this place) <u>3 Months</u>		d. STREET ADDRESS (If rural, give location) <u>8 mile S.E. of New Hampton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 mile S.E. of New Hampton</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u> b. (Middle) <u>Dixie</u> c. (Last) <u>Swartz</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 16 1953</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug 16 1869</u>
9. AGE (In years last birthday) <u>83</u>		10. IF UNDER 1 YEAR: Hours <u>8</u> Min.	
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>Dist Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Alexander Virginia</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Swartz</u>	
13b. MOTHER'S MAIDEN NAME <u>Rose Ann Polk</u>		14. NAME OF HUSBAND OR WIFE <u>Rose Ann Swartz Deceased</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>✓</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Earl Thompson</u> ADDRESS <u>McFall Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> ANTECEDENT CAUSES DUE TO (b) <u>Myocarditis</u> years DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		<u>4201</u>	
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) <u>Albany, Shelby, Mo.</u>		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	
22. I hereby certify that I attended the deceased from <u>Jan 15, 1953</u> , to <u>4-16, 1953</u> , that I last saw the deceased alive on <u>4-16, 1953</u> , and that death occurred at <u>7 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Frank R. A. Rossi, M.D.</u>		23b. ADDRESS <u>Albany, Mo.</u>	
23c. DATE SIGNED <u>4-17-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Apr 18 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Foster Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>New Hampton MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W & Noble & Son</u> ADDRESS <u>New Hampton</u>	
DATE REC'D BY LOCAL REG. <u>4/17/53</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. A. Noble

Licensed Embalmer No. 2904

P. O. Address W. Hampton 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.