

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22593

State File No.

No. 300
10-48

JUN 24 1953

REG. DIST. NO. 300 PRIMARY REG. DIST. NO. 6030 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Reynolds		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Reynolds	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harwood (rural)	c. LENGTH OF STAY (in the place) all life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harwood (rural)	d. STREET ADDRESS 0900
d. FULL NAME OF HOSPITAL OR INSTITUTION own home		d. STREET ADDRESS (If rural, give location) 0900	

3. NAME OF DECEASED (Type or Print) a. (First) Louie b. (Middle) Arthur c. (Last) Swift			4. DATE OF DEATH (Month) (Day) (Year) May 21 53		
5. SEX m	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Sept 16 1951		9. AGE (In years) (Months) (Days) (Hours) (Min.) 18 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Reynolds Co. Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13. FATHER'S NAME Lewis Swift		13b. MOTHER'S MAIDEN NAME Mary Gambelin		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) no	17. INFORMANT'S SIGNATURE OR NAME Mary Swift		ADDRESS Harwood Mo.	
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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 I, the undersigned physician, saw and examined this child, May 16th, 1953 and found it suffering from an inherited cardiac insufficiency, for which I could do nothing. Cardiac failure was the cause of death.				INTERVAL BETWEEN ONSET AND DEATH	
18. CAUSE OF DEATH (continued) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 7544	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE J. M. Cotton M.D.	23b. ADDRESS Tan Buren Mo.	23c. DATE SIGNED 5/23-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 23 53	24c. NAME OF CEMETERY OR CREMATORY Bardley	24d. LOCATION (City, town, or county) (State) Ripley Co. Mo.
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DATE REC'D BY LOCAL REG. 5/25/53	REGISTRAR'S SIGNATURE Essie Evans	25 FUNERAL DIRECTOR'S SIGNATURE Seaton Peritt Van Buren	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

Received 6-22-53
Reynolds County Health C
File No. 653 - 10

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

Seaton Pewitt

Signed.....

Student Embalmer

Licensed Embalmer No.

2287

P. O. Address

Van Buren

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.