

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24182

State File No. \_\_\_\_\_

FILED JUL 23 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 62 PRIMARY REG. DIST. NO. 5238 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <b>Cedar</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cedar</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN " <b>Rural</b> " <b>Jefferson Twp.</b>		c. LENGTH OF STAY (in this place) <b>0200</b> OR TOWN " <b>Rural</b> " <b>Jefferson Twp.</b> <b>0</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Rt. 1, Dunnegan</b>		d. STREET ADDRESS (If rural, give location) <b>Rt. 1, Dunnegan</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b> b. (Middle) _____ c. (Last) <b>Swartwood</b>			4. DATE OF DEATH (Month) <b>July</b> (Day) <b>15</b> (Year) <b>1953</b>
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>August 8, 1877</b>
9. AGE (in years last birthday) <b>75</b>		10a. USUAL OCCUPATION (If we kind of work done during most of working life, even if retired) <b>farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) <b>Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Abraham Swartwood</b>		13b. MOTHER'S MAIDEN NAME <b>Lettie Cann</b>	14. NAME OF HUSBAND OR WIFE <b>Cora Swartwood</b>
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>Bert Swartwood</b> ADDRESS <b>Dunnegan, Mo.</b>
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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>coronary disease</b>			INTERVAL BETWEEN ONSET AND DEATH
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. <b>4201</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) (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>11-20</u> , 19 <u>50</u> , to <u>7-14</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>6-4</u> , 19 <u>53</u> , and that death occurred at <u>3 A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>D. E. D. Brown D.O.</b>		23b. ADDRESS <b>Collins, Mo.</b>	
23c. DATE SIGNED <b>7-14-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 16, 1953</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Dunnegan</b>		24d. LOCATION (City, town, or county) (State) <b>Dunnegan, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>7-18-53</b>		REGISTRAR'S SIGNATURE <b>Geneva Garrison</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Turpin Funeral Home</b>		ADDRESS <b>Bolivar, Mo.</b>	

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

**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.....

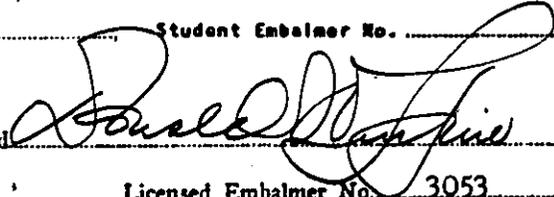
Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed



Licensed Embalmer No. 3053

P. O. Address Bolivar, 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.