

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28387**
Registrar's No. **844**

FILED SEP 8 - 1953

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **5462**

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

| | | | |
|--|-------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY MERCER | |
| b. CITY (If outside corporate limits, write RURAL and give town) Rural Franklin | | c. LENGTH OF STAY (In this place) c. CITY OR TOWN KEITHSBURG | d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION U.S. Highway 65-12 Mi. North | | e. STREET ADDRESS (If rural, give location) 8120 S | |
| 3. NAME OF DECEASED (Type or Print) a. (First) RAYMOND | | c. (Last) SWANK | 4. DATE OF DEATH (Month) (Day) (Year) September 3 1953 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | 8. DATE OF BIRTH 27 Jan. 1930 |
| 9. AGE (In years last birthday) 23 | | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pilot | | 10b. KIND OF BUSINESS OR INDUSTRY USAF | 11. BIRTHPLACE (City and State or Foreign Country) Oklahoma |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Harve Swank | |
| 13b. MOTHER'S MAIDEN NAME Hermia Watt | | 14. NAME OF HUSBAND OR WIFE Not Married | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | | 16. SOCIAL SECURITY NO. 335-24-3529 | |
| 17. INFORMANT'S SIGNATURE OR NAME PERSONAL PAPERS OF DECEASED | | ADDRESS | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture, crushed chest, ANTECEDENT CAUSES DUE TO (b) fractured pelvis, broken DUE TO (c) right and left arms 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 checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 65-12 Mi. North of Springfield | |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Springfield Greene Mo. | | 21d. TIME (Month) (Day) (Year) (Hour) (Min) 9-3-1953 6:30 P. | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? Truck - Car Accident | |
| 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 6:30 P. mt, from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) Dr. E. Allen Pickens, Coroner | | 23b. ADDRESS 407 Medical Arts Bldg. | |
| 23c. DATE SIGNED 9-4-53 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 9-4-53 | |
| 24c. NAME OF CEMETERY OR CREMATORY - - - | | 24d. LOCATION (City, town, or county) (State) KEITHSBURG ILLINOIS | |
| DATE REC'D BY LOCAL REG. 9-4-53 | | REGISTRAR'S SIGNATURE Edith Williams | |
| 25. FUNERAL DIRECTOR'S SIGNATURE J.W. KLINGNER & CO. | | ADDRESS Springfield, Mo. | |

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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.....
Signature of Student Embalmer

Signed.....
Max Rhodes

Licensed Embalmer No. 407

P. O. Address.....
Spring

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.