

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31432**

FILED **SEP 29 1953** BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **109** PRIMARY REG. DIST. NO. **5424** Registrar's No. **17**

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural-Union Twp.</b> c. LENGTH OF STAY (in this place) <b>2 Hrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Campbell</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1 Mi. East of Campbell, in Cotton Field</b>		d. STREET ADDRESS (If rural, give location) <b>03.50</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>EDGAR</b> b. (Middle) <b>EARL</b> c. (Last) <b>SWINNEY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT. 14, 1953</b>
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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>Sent. 7, 1910</b>	9. AGE (In years last birthday) <b>43</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>7</b>	IF UNDER 24 HRS. Hours <b></b> Mins. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>John Swinney</b>	13b. MOTHER'S MAIDEN NAME <b>Jennie Thompson</b>	14. NAME OF HUSBAND OR WIFE <b>Leona Mae Swinney</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Leona Swinney</b> ADDRESS <b>Campbell, Mo.</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>5 min.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		
	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	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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **10 A.** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Quinton Tarver, Coroner, Dunklin County</b>	23b. ADDRESS <b>Kennett, Mo.</b>	23c. DATE SIGNED <b>9/18/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept 16, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Elder Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Campbell, Missouri R.1</b>
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DATE REC'D BY LOCAL REG. <b>9/21/1953</b>	REGISTRAR'S SIGNATURE <b>Mrs. Deulah Campbell</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Landess Funeral Home, Campbell, Mo.</b> ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADEING BLACK INK--MAKE A PERMANENT RECORD

350  
3

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 9-28-53

COUNTY FILE NUMBER 953-23

OCT 8 1953

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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, W

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.