

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35462

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

FILED OCT 26 1953

BIRTH NO. _____		REG. DIST. NO. <u>98</u>		PRIMARY REG. DIST. NO. <u>5366</u>		Registrar's No. <u>72</u>	
1. PLACE OF DEATH a. COUNTY <u>Warren</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Mo</u> b. COUNTY <u>Warren</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Marion Twp</u>		c. LENGTH OF STAY (In this place) <u>22 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Marion Township</u>		d. STREET ADDRESS (If rural, give location) <u>Rt 2, Cameron, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt 2, Cameron, Mo.</u>				0310			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles Herbert Swisher</u>		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>9/17/53</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married 2</u>		8. DATE OF BIRTH <u>6/20/1877</u>	
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer - Operated own farm</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Pattonsburg, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Henry L. Swisher</u>		13b. MOTHER'S MAIDEN NAME <u>Olga E. Callahan</u>		14. NAME OF HUSBAND OR WIFE <u>Sarah D. Swisher</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hollie E. Griffin Rt 2, Cameron, Mo.</u>			
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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>septic infection of the right foot</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>arterio sclerosis</u>					
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>cerebral hemorrhage</u>					
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) <u>331x</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>7-29-53</u> , 19___, to <u>9-17-53</u> , 19___, that I last saw the deceased alive on <u>9-16-53</u> , 19___, and that death occurred at <u>2:00 P.M.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John J. Farker</u> O.M.D.				23b. ADDRESS <u>Pattonsburg, Mo</u>		23c. DATE SIGNED <u>9-18-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/18/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Reid Road, Cam.</u>		24d. LOCATION (City, town, or county) (State) <u>Pattonsburg, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-22-53</u>		REGISTRAR'S SIGNATURE <u>Virginia M. Engelbert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis D. ...</u>		ADDRESS <u>Pattonsburg, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0310  
1

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 Louis Sweet.....

Licensed Embalmer No. 4096.....

P. O. Address Pattersonburg, 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.