No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1731

State File No. .....

BIRTH NO. FILED FEB 9 1954 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 54

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (In this place): 36 Irs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 318 Forest Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
d. STREET ADDRESS (If rural, give location): 318 Forest Ave.,

64 45 D

3. NAME OF DECEASED (Type or Print)
a. (First): Bert
b. (Middle):
c. (Last): Swisher

4. DATE OF DEATH (Month) (Day) (Year): 1-29-1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb 14, 1880
9. AGE (In years last birthday): 73 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Building Contractor
10b. KIND OF BUSINESS OR INDUSTRY: Building Ind.
11. BIRTHPLACE (State or foreign country): New Sharon, Iowa
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Perry Swisher
13b. MOTHER'S MAIDEN NAME: Mattie Jackson
14. NAME OF HUSBAND OR WIFE: Mittie S.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 491-01-6507
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mittie K. Swisher, 318 Forest, Joplin, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Prostate with metastasis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

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: Oct. 1951
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Prostate 177X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-12-53, *19*____, *to* 1-29-54, *19*____, *that I last saw the deceased alive on* 1-29-54, *19*____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: T. B. Morgan
(Degree or title): D.O.
23b. ADDRESS: 3014 Main Joplin
23c. DATE SIGNED: 1-30-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 1, 1954
24c. NAME OF CEMETERY OR CREMATORY: Ozark Memorial Park
24d. LOCATION (City, town, or county) (State): Joplin, Missouri

DATE REC'D BY LOCAL REG.: 2-3-54
REGISTRAR'S SIGNATURE: Ted Jones 138 by Dalsie Lampkins D.C.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Thornhill-Dillon Mortuary, Joplin, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED FEB 8 1954
Jasper County Health Office
County File Number 54-2-107
Date Filed FEB 8 1954

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 David Wilson

Signed .....
Student Embalmer

Licensed Embalmer No. 3898

P. O. Address Joplin Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.