

FILED JUL 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18269**

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **5220** Registrar's No. **113**

1. PLACE OF DEATH
a. COUNTY **Cars**

2. USUAL RESIDENCE (Where deceased lived. If institution: frankness before admission).
a. STATE **Missouri** b. COUNTY **Cars**

b. CITY (If outside corporate limits, give RURAL and street name) OR TOWN **Rural Cold Water** c. LENGTH OF STAY (in this place) **10 yrs**

c. CITY OR TOWN _____ d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **1 mi S of Rural Mo**

e. STREET ADDRESS (If rural, give location) **Drexel RFD # 2 0190**

3. NAME OF DECEASED
a. (First) **CLINTON** b. (Middle) _____ c. (Last) **SWOGAR**

4. DATE OF DEATH (Month) (Day) (Year)
July 5 1954

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **Feb 1 1862 92**

9. AGE (in years) (Months) (Days) (Hours) (Min.)
92

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farmer**

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) **Ohio**

12. CITIZEN OF WHAT COUNTRY? **USA**

13. FATHER'S NAME **Robert Swogar**

13b. MOTHER'S MAIDEN NAME **Unknown**

14. NAME OF HUSBAND OR WIFE **Salena Swogar**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) **No**

16. SOCIAL SECURITY NO. **NONE**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Melton Swogar Paul Ross RFD 2

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

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Artery Congestive Heart Failure**
ANTECEDENT CAUSES
DUE TO (b) **Demility**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
Sudden

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

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)
4341

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

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 **deceased when seen - July 5 1954** that I last saw the deceased alive on _____, 19____, and that death occurred at **1:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Basel R Hartard MD**

23b. ADDRESS **Drexel Mo**

23c. DATE SIGNED **July 5 1954**

24a. BURIAL, CREMATION, OR REMOVAL (Specify) **Burial**

24b. DATE **July 7-1954**

24c. NAME OF CEMETERY OR CREMATORY **Freeman Cemetery**

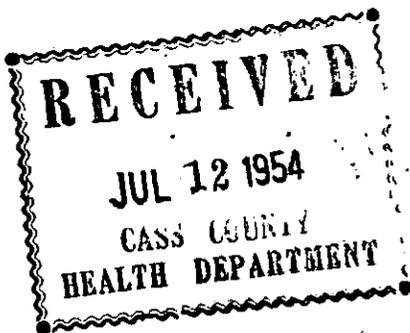
24d. LOCATION (City, town, or county) (State) **Freeman Mo**

DATE REC'D BY LOCAL REG. **July 7 1954**

REGISTRAR'S SIGNATURE **Dora Barriard 457-20**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Rennenbueger Harrisonville Mo

WRITE PLAINLY—USING UNFAADING 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 _____
Signature of Student Embalmer

Signed Ernest R. Kinnear

Licensed Embalmer No. 303

P. O. Address Harrison

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.