

FILED JAN 12 1955

## STANDARD CERTIFICATE OF DEATH

State File No. 2042

BIRTH NO.		REG. DIST. NO. 276		PRIMARY REG. DIST. NO. 5947		Registrar's No. L	
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE MO b. COUNTY Phelps			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL		c. LENGTH OF STAY (in this place) 4		c. CITY OR TOWN ST. James		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) 08100			
3. NAME OF DECEASED (Type or Print) a. (First) Chas.		b. (Middle) R.		c. (Last) Swyers		4. DATE OF DEATH (Month) (Day) (Year) JAN. 1, 1955	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Aug. 24, 1862	
9. AGE (in years last birthday) 83		IF UNDER 1 YEAR Months 4		IF UNDER 24 HRS. Hours 8		IF UNDER 60 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Phelps Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME ABRAHAM SWYERS		13b. MOTHER'S MAIDEN NAME Nancy Kidd		14. NAME OF HUSBAND OR WIFE MARTHA SWYERS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Homer Swyers - St. James, 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY EDEMA  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPERTENSIVE CARDIOVASCULAR DISEASE DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH 10 DAYS  10 YEARS	
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)		443X	
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 11-9-1953, to 12-21-1954, that I last saw the deceased alive on 12-21-1954, and that death occurred at 10:00 A. M., from the causes and on the date stated above.							
23a. SIGNATURE R. Powell				23b. ADDRESS St. James, Mo.		23c. DATE SIGNED 1-3-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN. 3, 1955		24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery		24d. LOCATION (City, town, or county) (State) ST. James, MO	
DATE REC'D BY LOCAL REG. Jan. 3, 1955		REGISTRAR'S SIGNATURE Ruth B. Powell		25. FUNERAL DIRECTOR'S SIGNATURE Oral E. Licklider		ADDRESS St. James, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

01730

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by *me*, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Orest E. Licklied*.....

Licensed Embalmer No. *35*.....

P. O. Address *St James*.....

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.