

STANDARD CERTIFICATE OF DEATH

State File No. **7642**

FILED APR 4 1955

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **102**

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) 0100 Rural Cedar	
c. LENGTH OF STAY (In this place) 6 Days		d. STREET ADDRESS (If rural, give location) Ashland R.F.D.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Charles Still Hospital			

3. NAME OF DECEASED a. (First) Willis (Type or Print)		b. (Middle) Gleason		c. (Last) Swope		4. DATE OF DEATH (Month) (Day) (Year) March 27 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 3 1888	9. AGE (In years last birthday) 66	# UNDER 1 YEAR Months 11 Days 24	# UNDER 2 HRS. Hours 1 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming Meat Inspector		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Clara Swope			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I		16. SOCIAL SECURITY NO. 487-16-6217		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clara Swope Ashland Mo			

48. 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Essential Hypertension		
	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 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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 **3/21**, 19**55**, to **3/27**, 19**55**, that I last saw the deceased alive on **3/27**, 19**55**, and that death occurred at **8:05 P.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **James E. Steffen D.O.** 23b. ADDRESS **Ashland, Mo** 23c. DATE SIGNED **3/27/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **March 30 1955** 24c. NAME OF CEMETERY OR CREMATORY **Concordia Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis Mo.**

DATE REC'D BY LOCAL REG. **Mar 28 1955** REGISTRAR'S SIGNATURE **R. O. Darrie MD-MR** 25. FUNERAL DIRECTOR'S SIGNATURE **W. C. Burnett** ADDRESS **Ashland Mo**

DEC 7 1956

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 W^m C. Burnett

Licensed Embalmer No. 3567

P. O. Address Ashland Mo

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

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