

FILED MAR 18 1955

STANDARD CERTIFICATE OF DEATH

State File No. 8877

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3645 Registrar's No. _____

1. PLACE OF DEATH
 a. COUNTY Mississippi
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston /
 c. LENGTH OF STAY (In this place) 16 yrs.
 d. FULL NAME OF HOSPITAL OR INSTITUTION 617 W. Pecan St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY Miss.
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston
 d. STREET ADDRESS (If rural, give location) 617 W. Pecan St.

3. NAME OF DECEASED (Type or Print)
 a. (First) Amy b. (Middle) c. (Last) Swift
 4. DATE OF DEATH (Month) (Day) (Year) March 9, 1955

5. SEX Female 3 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2 8. DATE OF BIRTH Sept. 18, 1875 9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months 5 Days 19 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Crystal Springs, Miss. / 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Ben Williams 13b. MOTHER'S MAIDEN NAME Nancy Brown 14. NAME OF HUSBAND OR WIFE Louis Swift

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS, MO. Jessie Mae Armstrong, 617 W. Pecan, Charleston

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Disease 6 days
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Hypertension 7
 DUE TO (c) Atherosclerosis ?
 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 331X 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) 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 Sept 28, 1954, to March 9, 1955, that I last saw the deceased alive on 3/3/55, 1955, and that death occurred at 1:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 23b. ADDRESS Charleston, Mo. 23c. DATE SIGNED 3/9/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE March 14, 1955 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery 24d. LOCATION (City, town, or county) (State) Charleston, Missouri

DATE REC'D BY LOCAL REG. 3-18-55 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. J. Sparks Charleston, Mo.

(Licensed Embalmers' Statement on Reverse Side)

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

1045

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 Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau

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.