

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**11534**

State File No. ....

**FILED MAY 16 1955**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5444 Registrar's No. 5-8

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Gentry</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Athens Twp.</u>		c. CITY OR TOWN <u>Albany</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 1/2 miles southeast of Albany</u>		e. STREET ADDRESS (If rural, give location) <u>4 1/2 miles southeast of Albany, Mo.</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>John</u> b. (Middle) <u>March</u> c. (Last) <u>Swope</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>May 6 1955</u>
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>November 15, 1865</u>
9. AGE (to years last birthday) <u>89</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>New Hampton, Missouri</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Farm</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
<b>13a. FATHER'S NAME</b> <u>Andy Swope</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Sarah Jane Morgan</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Jane Swope, deceased</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> <u>XXX</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>W. A. Swope</u> <b>ADDRESS</b> <u>Albany, Missouri</u>	
<b>18. CAUSE OF DEATH:</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from</b> <u>Feb. 1, 1953</u> , to <u>May 6, 1955</u> that I last saw the deceased alive on <u>10:30 AM 1955</u> , and that death occurred at <u>9:30 p.m.</u> , from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> (Degree or title) <u>C. J. Pray, D.O.</u>		<b>23b. ADDRESS</b> <u>Albany, MO.</u>	<b>23c. DATE SIGNED</b> <u>5-7-55</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>May 8, 1955</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Foster Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>New Hampton Missouri</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>5-9-55</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Maudie Williams</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>W. H. Noble</u> <b>ADDRESS</b> <u>New Hampton, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

**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 William George Noble....., Student Embalmer No. 513..... working under my personal supervision..

Student William George Noble.....  
Signature of Student Embalmer

Signed W. G. Noble.....

Licensed Embalmer No. 2904.....

P. O. Address New Hampton,.....

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.