

FILED JUN 2 1955

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **16064**

BIRTH NO. 218		REG. DIST. NO. 218		PRIMARY REG. DIST. NO. 4330		Registrar's No. 13	
1. PLACE OF DEATH a. COUNTY MISSISSIPPI				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MISSISSIPPI			
b. CITY OR TOWN EAST PRAIRIE, MO.		c. LENGTH OF STAY (in this place) 50 YRS		c. CITY OR TOWN EAST PRAIRIE		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESIDENCE				e. STREET ADDRESS (If rural, give location) 0670			
3. NAME OF DECEASED a. (First) GELIA			b. (Middle) MAY		c. (Last) SWINGLE		4. DATE OF DEATH (Month) (Day) (Year) MAY 23, 1955
5. SEX FEM.	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JUNE 16, 1869		9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC		10b. KIND OF BUSINESS OR INDUSTRY SELF		11. BIRTHPLACE (City and State or Foreign Country) CELINA, OHIO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME WILLIAM MILLER			13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE U.A. SWINGLE		
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. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Vera Nelson East Prairie Mo. ADDRESS			
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.				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage				DUE TO (b)			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)			
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				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)		331 X	
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 7/14, 1955 , to 4/23, 1955 , that I last saw the deceased alive on 5/23, 1955 , and that death occurred at 11:00 m., from the causes and on the date stated above.							
23a. SIGNATURE A. J. Martin M.D. (Degree or title)				23b. ADDRESS East Prairie Mo.		23c. DATE SIGNED 4/2	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE MAY 25, 1955		24c. NAME OF CEMETERY OR CREMATORY W.O.W.		24d. LOCATION (City, town, or county) (State) EAST PRAIRIE MO.	
DATE REC'D BY LOCAL REG. May 28 - 1955		REGISTRAR'S SIGNATURE Anna Harper Deputy		25. FUNERAL DIRECTOR'S SIGNATURE David Shelly East Prairie		ADDRESS	

JUN 1 REC'D
RECEIVED
Miss. Co. Health D
County File No. _____
Date Filed JUN 1

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 *T. Travis Shelby Jr.*.....

Licensed Embalmer No. *494*

P. O. Address *East. Pr...*

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.