

FILED JUL 11 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18400

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 76

1. PLACE OF DEATH  
a. COUNTY GRUNDY  
b. CITY (If outside corporate limits, write RURAL and give town) TRENTON  
c. LENGTH OF STAY (in this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION SUSAN'S NURSING HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE MO. b. COUNTY GRUNDY  
c. CITY OR TOWN Spickard  
d. Is Residence within limits of a city or incorporated town? Yes  No   
e. STREET ADDRESS (If rural, give location) 0400

3. NAME OF DECEASED  
a. (First) JOHN b. (Middle) WILLIAM c. (Last) SWAN  
(Type or Print)

4. DATE OF DEATH (Month) (Day) (Year) MAY 27 1955  
5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 8. DATE OF BIRTH APRIL 2 1882 9. AGE (In years last birthday) 73

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 (City and State or Foreign Country) MO. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME GEORGE W. SWAN 13b. MOTHER'S MAIDEN NAME ELLEN B. STOTTELMYRE 14. NAME OF HUSBAND OR WIFE

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 PAUL SWAN TRENTON MO.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) carcinoma of the stomach  
\* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES DUE TO (b) Duration about one yr. - 151X  
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  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 Jan 18, 1955, to May 27, 1955, that I last saw the deceased alive on May 1, 1955, and that death occurred at 9:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. H. Mullers M.D. 23b. ADDRESS Trenton, Mo. 23c. DATE SIGNED 5-28-55

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE May 30 - 1955 24c. NAME OF CEMETERY OR CREMATORY OTTERBEIN CEM. 24d. LOCATION (City, town, or county) (State) MERCER CO. MO.

DATE REC'D BY LOCAL REG. 5-30-55 REGISTRAR'S SIGNATURE Gene Jaw 115 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SCHOOLER FUNERAL HOME Spickard MO.

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

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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 *Ross Wise*.....

Licensed Embalmer No. *377*.....

P. O. Address *Spickard*.....

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.