

FILED AUG 9 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22672

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5592 Registrar's No. 59

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jeff</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo.</u> b. COUNTY <u>Jeff</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Rural Joachim</u> | c. LENGTH OF STAY (In this place)<br><u>2 1/2 yrs</u> | c. CITY OR TOWN <u>Rural - Joachim</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<br><u>R. G. H. Center</u>                            |   | e. STREET ADDRESS (If rural, give location)<br><u>RR # 2 Festus Mo.</u>   |   |

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|--|----------------------------------|--|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Alva</u> b. (Middle) <u>Edwin</u> c. (Last) <u>Switzer</u> |                                  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>July 29 1955</u>          |  |
| 5. SEX<br><u>M</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u> | 8. DATE OF BIRTH<br><u>April 10, 1899</u>                                      |
| 9. AGE (In years last birthday)<br><u>67</u>   |                                  | 10. MONTHS<br><u>3</u>   | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Willow Springs Mo</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>W/355 WORKER</u> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Pittsburg Plate</u>              | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>                                     |

|  |   |   |
|--|---|---|
| 13a. FATHER'S NAME<br><u>Charlie Switzer</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Lelia E Weatherford</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Clara Switzer RR 2 Festus</u> |
|--|---|---|

|  |   |   |                              |
|--|---|---|------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>yes</u> | 16. SOCIAL SECURITY NO.<br><u>430-18-4030</u> | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Clara Switzer RR 2 Festus</u> | ADDRESS<br><u>Festus Mo.</u> |
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|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br><u>1 yr</u> |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>   | ANTECEDENT CAUSES<br>DUE TO (b) <u>Cardiac hypertrophy</u>  |  |   |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (c) <u>4722</u>  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>Emphysema &amp; chronic pulmonary</u> |  |   |

|                        |   |   |
|------------------------|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><u>Normal</u> | 20. AUTOPSY?<br>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) |
|--|--|---|

|   |  |                            |
|---|--|----------------------------|
| 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 Jan 19 54 to July 24 19 55 that I last saw the deceased alive on July 24, 19 55, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

|  |                                    |                                    |
|--|------------------------------------|------------------------------------|
| 23a. SIGNATURE (Degree or title)<br><u>George B. Jowers M.D.</u> | 23b. ADDRESS<br><u>Festus, Mo.</u> | 23c. DATE SIGNED<br><u>7-30-55</u> |
|--|------------------------------------|------------------------------------|

|  |                                 |  |  |
|--|---------------------------------|--|--|
| 24a. BURIAL CREMATION<br><u>buried</u> | 24b. DATE<br><u>Aug 1, 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>National Cemetery</u> | 24d. LOCATION (City, town, or county) (State)<br><u>Jefferson Barracks Mo.</u> |
|--|---------------------------------|--|--|

|  |  |     |  |                              |
|--|--|-----|--|------------------------------|
| DATE REC'D BY LOCAL REG.<br><u>7-30-55</u> | REGISTRAR'S SIGNATURE<br><u>James G. [Signature]</u> | 502 | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Henry R. Polite</u> | ADDRESS<br><u>Festus Mo.</u> |
|--|--|-----|--|------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED  
AUG 3 1955

AUG 2 3 1955  
AUG 19 1955

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 *Gentry P. Polk*  
.....

Licensed Embalmer No. 348  
P. O. Address *.....*

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.