

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25003

FILED JUL 18 1955

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 448 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Illmo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Illmo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>at home</u>		d. STREET ADDRESS (If rural, give location) <u>1000</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>GROVER</u> b. (Middle) <u>CLEVELAND</u> c. (Last) <u>SWINNEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 30 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 17, 1881</u>
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Storekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u>	11. BIRTHPLACE (State or foreign country) <u>Saline County, Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Richard Swinney</u>	
13b. MOTHER'S MAIDEN NAME <u>Levina (Doak) Swinney</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Brock Swinney</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-38-1942</u>	
17. INFORMANT'S SIGNATURE, OR NAME <u>Mrs Mary Swinney</u>		ADDRESS <u>Illmo, Mo</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY EDEMA</u> DUE TO (b) <u>CHRONIC CONGESTIVE HEART DISEASE</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>OBESITY</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4341</u>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>June 25, 1955</u> , to <u>June 30, 1955</u> , that I last saw the deceased alive on <u>June 30, 1955</u> , and that death occurred at <u>6:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Byron B. Jorgensen, M.D.</u>		23b. ADDRESS <u>St. Joseph, Mo</u>	
23c. DATE SIGNED <u>7/2/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-2-55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Lightner Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Illmo Missouri</u>	
DATE REC'D BY LOCAL REG. <u>7-9-55</u>		REGISTRAR'S SIGNATURE <u>Mrs Fred Bradley</u> 445	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Displinghoff Funeral Home</u>		ADDRESS <u>Illmo, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED JUL-13-1955

SCOTT CO. HEALTH DEPT.

CO. FILE No. 655-170

JUL 28 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
Student Embalmer

Signed Oliver C. Amick

Licensed Embalmer No. 4470

P. O. Address Illmo, Mo

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.