

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25209

State File No. ....

FILED SEP 13 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 508 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Dale Twsp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fairfax</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Fairfax</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 1/2 Mi. S.E. of Fairfax</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>KENNETH</u> b. (Middle) <u>EUGENE</u> c. (Last) <u>SWINEHART</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 11 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>June 5, 1936</u>	9. AGE (In years last birthday) <u>19</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Fairfax Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Wm. Swinehart</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen Dunkle</u>	14. NAME OF HUSBAND OR WIFE <u>*****</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>***** 486-40-5956</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Wm. Swinehart</u>	ADDRESS <u>Fairfax Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken neck</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 46</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Dale</u> (COUNTY) <u>Atchison</u> (STATE) <u>Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>SEPT. 11 1955 2:00 AM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. D. C. Galley</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Rock Port Missouri</u>	23c. DATE SIGNED <u>9/11/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/12/55</u>	24c. NAME OF CEMETERY <u>Pleasant Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Fairfax Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Sept 11, 1955</u>	REGISTRAR'S SIGNATURE <u>Harmon N. Schooler</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Schooler</u>	ADDRESS <u>Fairfax Mo.</u>
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

**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

*Marvin H. Scholer*

Licensed Embalmer No. *4162*

P. O. Address

*Fairfax, Miss*

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.