

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26693**

FILED AUG 23 1955

BIRTH NO. _____ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **338**

1. PLACE OF DEATH a. COUNTY TASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY CHEROKEE	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) JOPLIN		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) GALENA	
c. LENGTH OF STAY (In this place) 6 DAYS		d. STREET ADDRESS (If rural, give location) 17th and Washington St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) F.	c. (Last) SWAGER	4. DATE OF DEATH (Month) (Day) (Year) August 18 1955
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 4 MAY 1913	9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pl & Zn Miner	10b. KIND OF BUSINESS OR INDUSTRY Pl & Zn Miner	11. BIRTHPLACE (State or foreign country) CARTERVILLE Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME W. B. SWAGER	13b. MOTHER'S MAIDEN NAME ELLA Stout	14. NAME OF HUSBAND OR WIFE NADINE Swager
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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. 491-01-1061	17. INFORMANT'S SIGNATURE OR NAME Nadine Swager	ADDRESS Galena Kan.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		4 201
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid Spondylitis		15 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input checked="" 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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **Aug 10, 1955**, to **Aug 18, 1955**, that I last saw the deceased alive on **18 Aug, 1955**, and that death occurred at **5:35A m.**, from the causes and on the date stated above.

23a. SIGNATURE C. S. Nours (Degree or title) MD	23b. ADDRESS 8th & Joplin St. Galena, Kans	23c. DATE SIGNED Aug 19, 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8-18-55	24c. NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery	24d. LOCATION (City, town, or county) (State) Galena Kansas
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DATE REC'D BY LOCAL REG. 8-20-55	REGISTRAR'S SIGNATURE James	25. FUNERAL DIRECTOR'S SIGNATURE Roy L. Desfelt	ADDRESS Galena Kansas
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 22 1955

RECEIVED

Jasper County Health Office

County File Number 25-8-587

Date Filed AUG 22 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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Roy L. Derfelt

Signed.....
Student Embalmer

Licensed Embalmer No. 4945

P. O. Address *Galena Kansas*

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.