

FILED SEP 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **30515**BIRTH NO. **124** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **3060** Registrar's No. **269**

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE Missouri b. CITY St. Francois)	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Farmington)		c. CITY OR TOWN Farmington	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 902 E College	
d. FULL NAME OF HOSPITAL OR INSTITUTION 902 E. College			

3. NAME OF DECEASED a. (First) Jessie b. (Middle) Mae c. (Last) Swan			4. DATE OF DEATH (Month) (Day) (Year) Sept 23 1955		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Mar 25 1882	9. AGE (In years) (Months) (Days) 73 5 28	IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Caledonia, Washington Cty Mo.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Jefferson Milner		13b. MOTHER'S MAIDEN NAME Rachel Prough	14. NAME OF HUSBAND OR WIFE Leonard Swan		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE, OR NAME AND ADDRESS Leonard Swan 902 E College Farmington, Mo.			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 hrs. Many years Many years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute circulatory failure	DUE TO (b) Mitral Stenosis	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Rheumatic heart disease		
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 410X	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)	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 1954**, to **Sept 23, 1955**, that I last saw the deceased alive on **Sept 23, 1955**, and that death occurred at **5:27 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul P. Edgar, D.O.	23b. ADDRESS Farmington, Mo.	23c. DATE SIGNED Sept 24, 55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 25 1955	24c. NAME OF CEMETERY OR CREMATORY Herculaneum
24d. LOCATION (City, town, or county) (State) Herculaneum Missouri		

DATE REC'D BY LOCAL REG. Sept. 24, 1955	REGISTRAR'S SIGNATURE Cather [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS C. H. Cozean Farmington Mo
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(Licensed Embalmer's Statement on Reverse Side)

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.....
C. Hozer

Licensed Embalmer No. *408*

P. O. Address *Farmington*

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.