

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35685

FILED NOV 7 1955

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>337</u>		PRIMARY REG. DIST. NO. <u>6148</u>		Registrar's No. <u>78</u>	
1. PLACE OF DEATH a. COUNTY <u>SHELBY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>INDIANA</u> b. COUNTY <u>ELKHART</u>			
b. CITY OR TOWN <u>H. WAYDSLE</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>BOSHEN</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. <u>3.4 MILES WEST SHELBY IN MO</u>				e. STREET ADDRESS (If rural, give location) <u>RURAL ROUTE # 3 &amp; 13<sup>0</sup></u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u> b. (Middle) <u>JUNSON</u> c. (Last) <u>SWIHART</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 2 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>NOV 11, 1938</u>	
9. AGE (In years last birthday) <u>16</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NOT EMPLOYED</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>INDIANA ELKHART CO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>NOT EMPLOYED</u>		13a. FATHER'S NAME <u>FLOYD SWIHART</u>		13b. MOTHER'S MAIDEN NAME <u>MAXINE RUTLEDGE</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leop Swihart</u>		ADDRESS <u>New Paris Ind.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured skull</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>car accident</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Chest injuries (crushed)</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>Neck fractured</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Request Reexam Unnecessary</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>3411 West Shopping Mo. Hshld</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Lehtner</u> (COUNTY) <u>Shelby</u> (STATE) <u>MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11 2 1955 3<sup>42</sup></u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile accident</u>			
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 (Degree or title) <u>Col. W. Missouri</u>				23b. ADDRESS <u>Coronet Bethel Missouri</u>		23c. DATE SIGNED <u>Nov 2-1955</u>	
24a. BURIAL, CREMATION, REMOVAL <u>REMOVAL</u>		24b. DATE <u>11-2-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WEST BOSHEM CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>BOSHEN INDIANA</u>	
DATE REC'D BY LOCAL REG. <u>Nov 2-1955</u>		REGISTRAR'S SIGNATURE <u>Ada Garrison</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chas. V. Young Carome Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Charles V. Green*.....

Licensed Embalmer No. *462*.....

P. O. Address *Clare*.....

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.