

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4217** Registrar's No. **25**

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) Trick		c. CITY OR TOWN Trick	
c. LENGTH OF STAY (in this place) 10 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		e. STREET ADDRESS (If rural, give location) 0420	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Laurie c. (Last) Swachauer			4. DATE OF DEATH (Month) (Day) (Year) 11 13 55		
5. SEX male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Dec-22-1875		9. AGE (In years last birthday) 79		10. IF UNDER 1 YEAR OF UNDER 1 HR. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman & Tax Collector		10b. KIND OF BUSINESS OR INDUSTRY Real Estate		11. BIRTHPLACE (City and State or Foreign Country) Henry County	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Swachauer		13b. MOTHER'S MAIDEN NAME Fannie Brooker	
14. NAME OF HUSBAND OR WIFE Henetta Swachauer		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 490-05-9855		16. SOCIAL SECURITY NO. 490-05-9855	
17. INFORMANT'S SIGNATURE OR NAME Mr Glenn Walker - Warrensburg Mo		18. ADDRESS Warrensburg Mo			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL INFARCT		DUE TO (b) ACUTE MYOCARDITIS		10 MIN.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) 4201		6 MO.	
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 checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		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 **JULY**, 19**55**, to **NOV 13**, 19**55**, that I last saw the deceased alive on **NOV 12**, 19**55**, and that death occurred at **4 P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Glenn B. Walker, MD		23b. ADDRESS Clinton, Mo		23c. DATE SIGNED 11-15-55	
--	--	------------------------------------	--	-------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-15-55		24c. NAME OF CEMETERY OR CREMATORY Trick	
24d. LOCATION (City, town, or county) (State) Near Trick MO					

DATE REC'D BY LOCAL REG. 11-21-55		REGISTRAR'S SIGNATURE Mildred Bigum 521-0		25. FUNERAL DIRECTOR'S SIGNATURE W.J. Brown	
				ADDRESS Trick, Mo	

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

111
111
111
111

13
111
111 111

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.....
Signatures of Student Embalmer

Signed *R. R. Kenney*.....

Licensed Embalmer No. *309*

P. O. Address *Christman*

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.