

FILED DEC 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41449**

BIRTH NO. _____		REG. DIST. NO. <u>245</u>		PRIMARY REG. DIST. NO. <u>3047</u>		Registrar's No. <u>122</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY <u>NEWTON</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>NEWTON</u>			
b. CITY OR TOWN <u>NEOSHO</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>NEOSHO</u>		a 730	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SALE MEMORIAL HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>423 E. McKINNEY ST</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>WALLACE</u>		b. (Middle) <u>SWANSON</u>		c. (Last)		Date (Month) (Day) (Year) <u>DEC. 4. 1955</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>NOV. 15 1885</u>	
9. AGE (In years last birthday) <u>70</u>		10. KIND OF BUSINESS OR INDUSTRY <u>PHIL RATTIFF CO.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>DETROIT KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BOOKKEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>JAMES H. SWANSON</u>		13b. MOTHER'S MAIDEN NAME <u>ELLA McMAHAN</u>		14. NAME OF HUSBAND OR WIFE <u>ORA SWANSON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>487-09-2493</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. ORA SWANSON NEOSHO MO.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Degeneration from</u>		ANTECEDENT CAUSES <u>Hypertrophy of Heart</u>					11/12/55
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>4343</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)		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 <u>10-12-1955</u> , to <u>12-4, 1955</u> that I last saw the deceased alive on <u>12-4, 1955</u> and that death occurred at <u>6:55</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>D. H. Edwards M.D.</u>		(Degree or title)		23b. ADDRESS <u>Neosho Mo.</u>		23c. DATE SIGNED <u>7/5/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-6-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GRANBY</u>		24d. LOCATION (City, town, or county) (State) <u>GRANBY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>12-17-55</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Barley Thompson & Neosho Mo</u>			

WRITE PLAINLY—USING UNFADING 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 Leo S. Whitaker

Licensed Embalmer No. 4780

P. O. Address Measho, Me

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.