

FILED JAN 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1862

State File No.

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 4275 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Lawrence County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <u>Marionville</u>		c. LENGTH OF STAY (in this place) <u>2yrs</u>	c. CITY OR TOWN <u>Marionville</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wesley Court, Methodist Home</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>0550</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Carson</u>	b. (Middle) <u>Reynold</u>	c. (Last) <u>Swafford</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Jan. 25, 1956</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>June 12, 1884</u>	9. AGE (In years) (Last birthday) <u>71</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.
					Months <u>7</u>	Days <u>13</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Methodist Minister</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Ministry</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Richmond, Missouri.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>James C. Swafford</u>	13b. MOTHER'S MAIDEN NAME <u>Louisa Lee</u>	14. NAME OF HUSBAND OR WIFE <u>Mebel Lee Swafford</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. C. R. Swafford</u>	ADDRESS <u>Marionville, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>20 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>meningitis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Spinal Curvature (Pott's? multiple?)</u> DUE TO (c) <u>P Patient had refused all laboratory tests</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Dental caries</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>0120</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT OR SUICIDE OR HOMICIDE (Specify) <u>fracture right ribs</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Marionville, Lawrence, Mo.</u>
21d. TIME OF INJURY? _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>P Morbid pt. No History</u>

22. I hereby certify that I attended the deceased from Apr 21, 1954, to Jan 25, 1956, that I last saw the deceased alive on Jan 23, 1956, and that death occurred at 7:20p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Stella L. Dodd, M.D.</u>	23b. ADDRESS <u>Marionville, Mo.</u>	23c. DATE SIGNED <u>Jan 20, 1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Jan. 27, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Richmond Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Richmond, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1/27/1956</u>	REGISTRAR'S SIGNATURE <u>Oran Mc Natt '57</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. Burridge</u>	ADDRESS <u>Marionville, Mo.</u>
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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.....
Signature of Student Embalmer

Signed.....
Irvin P. Linnell

Licensed Embalmer No. *490*

P. O. Address *Aurora, Ill.*

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.