

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12078

State File No. _____

FILED MAR 30 1956

BIRTH NO. _____ REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 6153 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Pike</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Bloomfield</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>at family home</u>		e. STREET ADDRESS (If rural, give location) <u>Route # 1,</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOE</u>	b. (Middle) <u>FRANKLIN</u>	c. (Last) <u>SWINDELL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 12, 56</u>
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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>Sept. 26, 1884</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR: Months <u>4</u> Days <u>16</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>crop farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Leora, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>US.</u>
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13a. FATHER'S NAME <u>James Swindell</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Sitz</u>	14. NAME OF HUSBAND OR WIFE <u>Tina Swindell</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. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Swindell, Bloomfield, Mo.</u>	ADDRESS <u>R.L.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Paralytic delirium</u> DUE TO (c) <u>Cerebral hemorrhage</u>		
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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Mar 12, 1956, to Feb 12, 1956 that I last saw the deceased alive on Mar 12, 1956, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>S. S. Davis M.D.</u>	23b. ADDRESS <u>Dept. 410</u>	23c. DATE SIGNED <u>2-16-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 15-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>George cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Stoddard co. Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Feb. 24, 1956</u>	REGISTRAR'S SIGNATURE <u>Bernice Moore</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>CHILES UND. CO.</u>	ADDRESS <u>Bloomfield, Mo.</u>
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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
by me, & by Lulu Cooper # 3499, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Lulu Cooper

Licensed Embalmer No. 417

P. O. Address Bloomfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.