

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38865

STATE FILE NUMBER

FILED DEC 3 1956

Registration District No. 239

Primary Registration District No. 5825

Registrar's No. 28

Health, Welfare, Public Service
300
1-56
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY New Madrid				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Massachusetts b. COUNTY Essex			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Como Township			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Marblehead		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR State Road 7 Miles East of Malden AB, Mo.				Length of stay in lb		d. STREET ADDRESS (If outside, give location) 3 Cypress St.	
3. NAME OF DECEASED (Type or print) First David Middle Bruce Last Swentor				4. DATE OF DEATH Month Nov Day 17 Year 1956			
5. SEX Male	6. COLOR OR RACE Caucasian	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 12 Feb 1934		9. AGE (In years last birthday) 22	IF UNDER 1 YEAR Months 2 Days 2 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student Pilot		10b. KIND OF BUSINESS OR INDUSTRY USAF		11. BIRTHPLACE (City and state or country) Toronto, Canada		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME August William Swentor				14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 26 Sep 1955		16. SOCIAL SECURITY NO. None		17. INFORMANT Personnel Officer, Malden Air Base, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Circulatory Collapse						INTERVAL BETWEEN ONSET AND DEATH Sudden	
Conditions, if any, which gave rise to above cause (a): stating the underlying cause last.						DUE TO (b) Rupture Superior Vena Cava Sudden	
						DUE TO (c) Rapid Deceleration Sudden	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) -						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Automobile Accident				
20c. TIME OF INJURY Hour 2200 Month Nov Day 17 Year 56							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) State Road 7 Mi. East of Malden Air Base,		20f. CITY, TOWN, OR LOCATION New Madrid		20g. COUNTY Mo.	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 2200 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE TED J. MORAN, CAPT., USAF (MC)				22b. ADDRESS 3305th USAF Dispensary Malden Air Base, Missouri		22c. DATE SIGNED 19 Nov 56	
23a. BURIAL, CREATION, REMOVAL (Specify) Removal		23b. DATE 11/20/56	23c. NAME OF CEMETERY OR CREMATORY Marblehead Cemetery, Marblehead, Mass.		23d. LOCATION (City, town, or county) (State) Marblehead, Mass.		
24. FUNERAL DIRECTOR Watkins Funeral Home, Dexter, Missouri			25. DATE RECD. BY LOCAL REG. 11/19/56		26. REGISTRAR'S SIGNATURE Dr. Geo W. Hunter, M.D.		

DATE RECEIVED NOV 28 1956
NEW MADRID CO. HEALTH CENTER
P. J. S.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.