THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40470
STATE FILE NUMBER

FILED JAN 8 1957

Registration District No. 4 Primary Registration District No. 4014 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY Atchison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fairfax — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION *** — Length of stay in 1b 67 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Atchison
c. CITY OR TOWN Fairfax — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Charles Middle Franklin Last Swinehart

4. DATE OF DEATH: Month Dec Day 15 Year 1956

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Aug 24, 1882
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 3 Days 21 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): brick & cement work
10b. KIND OF BUSINESS OR INDUSTRY: day labor
11. BIRTHPLACE (City and state or country): Kansas City, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: Geo W. Swinehart
14. MOTHER'S MAIDEN NAME: Sarah Becker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 496-05-5023
17. INFORMANT: William Swinehart Address: Fairfax, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlossion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201
INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: L. D. C. Gallup (Degree or title) Coroner
22b. ADDRESS: Rock Port, Mo.
22c. DATE SIGNED: 12-21-56

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 12/18/56
23c. NAME OF CEMETERY OR CREMATORY: Pleasant Ridge Cemetery
23d. LOCATION (City, town, or county) (State): Fairfax, Mo.

24. FUNERAL DIRECTOR ADDRESS: Davis Funeral Home Tarkio, Mo.
25. DATE RECD. BY LOCAL REG.: Jan 4, 1957
26. REGISTRAR'S SIGNATURE: Mervin T. Schaeler

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed...Frost A. Browni

Licensed Embalmer No.333

P. O. Address...Tarkio, M

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.