

FILED FEB 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

2133

Registration District No. 247 Primary Registration District No. 5839 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY NEWTON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL Granby Twp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN WEBB CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RT#3 NEOSHO			Length of stay in 1b		d. STREET ADDRESS 1601 S. MADISON		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First JOHN Middle TRUE Last SWANK				4. DATE OF DEATH Month 2 Day 4 Year 1957					
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 9-30-1877		9. AGE (In years last birthday) 79	
						IF UNDER 1 YEAR Months 4 Days 5 Hours Min. 		IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED BARBER			10b. KIND OF BUSINESS OR INDUSTRY BARBER		11. BIRTHPLACE (City and state or country) GAYLORD KANSAS			12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME CORNELIUS SWANK				14. MOTHER'S MAIDEN NAME ELIZABETH GRIMES					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO.		17. INFORMANT MRS ALTA SWANK Address WEBB CITY, 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) Arterial Sclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hemiplegia of Right Side of Body DUE TO (c) 								INTERVAL BETWEEN ONSET AND DEATH 11 Months	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) 334x								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input 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.)						
20c. TIME OF INJURY Hour Month Day Year a. m. p. m. 									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 1-31-57 to 1-31-57 and last saw him alive on 1-31-57 Death occurred at 3:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE J. H. Davis M.D. (Degree or title)				22b. ADDRESS Neosho, Mo				22c. DATE SIGNED 2-4-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 2-5-1957		23c. NAME OF CEMETERY OR CREMATORY ANDERSON CEMETERY		23d. LOCATION (City, town, or county) ANDERSON		(State) MO	
24. FUNERAL DIRECTOR HEDGE-LEWIS FUNERAL HOME ADDRESS WEBB CITY, MO				25. DATE RECD. BY LOCAL REG. Feb. 4, 1957		26. REGISTRAR'S SIGNATURE M. H. Young			

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED

District Health Officer No. *157-29*

District File Number *157-29*

Date Filed *FEB 8 1957*

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 *Richard Roy Lewis*

Licensed Embalmer No. *446*

P. O. Address *Webb City*

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.