

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 28 1957

4231

STATE FILE NUMBER

Registration District No. 109 Primary Registration District No. 418D Registrar's No. 132

1. PLACE OF DEATH a. COUNTY Dunklin			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dunklin		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Campbell		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Campbell		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR GENERAL BAPTIST INSTITUTION Rest Home		Length of stay in lb 1 1/2 years	d. STREET ADDRESS City		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First SILAS Middle WRIGHT Last SWAFFORD			4. DATE OF DEATH Month Feb. Day 20 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 25, 1872	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming and rail road worker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Green County, Arkansas	
13. FATHER'S NAME Unknown			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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. None		17. INFORMANT Address Dyke Swafford, Campbell, Missouri	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia					INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) Probable - Subdural hemorrhage
					DUE TO (c) Hit by train
[PART II]- OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					802X
					4/21/56
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					35
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.) Hit by train 4/21/56 - Has been bed fast and			
20c. TIME OF INJURY Hour 1:15 Month 4 Day 21 Year 56		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Railroad tracks			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Campbell		COUNTY Dunklin STATE Mo.	
21. I attended the deceased from 8/18/55 to 2/19/57 and last saw ^{her} him alive on 2/19/57 Death occurred at 5:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Wallace Belsky MD			22b. ADDRESS Campbell Mo.		22c. DATE SIGNED 2/23/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 22, 1957		23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	
24. FUNERAL DIRECTOR Landess Funeral Home			25. DATE RECD. BY LOCAL REG. 2/23/57		26. REGISTRAR'S SIGNATURE Mrs Beulah Campbell
ADDRESS , Campbell, Mo.					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 2-27-57
COUNTY FILE NUMBER .. 257-

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 *Christina M. Landers*

Licensed Embalmer No. 42

P. O. Address *Campbell*

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.