

FILED APR 8 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8370

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2006 Registrar's No. 299-B

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Springfield ³⁹⁶⁷	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1644 N Hillcrest		d. STREET ADDRESS (If outside, give location) 1644 N Hillcrest	
Length of stay in lb 10 years		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First JAMES Middle OLIVER Last SWISHER			4. DATE OF DEATH Month March Day 28 Year 1957			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov 8, 1879	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman		10b. KIND OF BUSINESS OR INDUSTRY Creasoting Co.		11. BIRTHPLACE (City and state or country) Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Swisher			14. MOTHER'S MAIDEN NAME Cora Sinclair			
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. 500-10-3194		17. INFORMANT Address Mrs Cora O. Swisher, Springfield, 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) Unknown UNATTENDED BY A PHYSICIAN (Man had been seen about one year ago by a physician who reported that at that time the patient had suffered a stroke and was had pneumonia. That was the last time man was seen by any physician.) 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) UNATTENDED BY A PHYSICIAN 334X				INTERVAL BETWEEN ONSET AND DEATH			
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (If nature of injury in Part I or Part II of item 18.) UNATTENDED BY A PHYSICIAN	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ 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 Springfield		COUNTY Greene STATE Missouri	
21. Attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 9:30 a.m. _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Edith Williamson</i> Local Registrar of Vital Statistics				22b. ADDRESS Greene County Court House, Springfield, Missouri		22c. DATE SIGNED 4/2/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 1, 1957		23c. NAME OF CEMETERY OR CREMATORY Hazelwood		23d. LOCATION (City, town, or county) (State) Springfield, Mo.	
24. FUNERAL DIRECTOR Jewell E. Winkler ADDRESS Springfield, Mo.			25. DATE RECD. BY LOCAL REG. 4-2-57		26. REGISTRAR'S SIGNATURE <i>Edith Williamson</i>		

(Licensed Embalmer's Statement on Reverse Side)

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

00-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Robert E. Muhlema*

Licensed Embalmer No. 47

P. O. Address *Spring*

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.