

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16589

State File No.

FILED JUN 3 1957

BIRTH NO. _____ REG. DIST. NO. 83 PRIMARY REG. DIST. NO. 5315 Registrar's No. 8

0270

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Cooper			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper		
b. CITY (If outside corporate limits, write RURAL and give town) Saline (twp) rural		c. LENGTH OF STAY (in this place) 67 yr.	c. CITY OR TOWN Boonville		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION At home.			STREET ADDRESS (If rural, give location) R. F. D. #2 0270		
3. NAME OF DECEASED (Type or Print) a. (First) Truman		b. (Middle) H.	c. (Last) Swanstone.	4. DATE OF DEATH (Month) (Day) (Year) May 28 1957.	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 9th 1889	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (City and State or Foreign Country) Cooper County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William Hay Swanstone.		13b. MOTHER'S MAIDEN NAME Margaret Jane Givens		14. NAME OF HUSBAND OR WIFE Grace M. Oerly Swanstone.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY (If yes, give war or dates of service) 499-30-5943	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Truman H. Swanstone, Boonville		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction	ANTECEDENT CAUSES				7.15 minutes
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (b) arteriosclerotic Heart Disease				6 months
DUE TO (c)	II. OTHER SIGNIFICANT CONDITIONS				
	Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR				
22. I hereby certify that I attended the deceased from 12-31-56 , 19___, to 5-28-57 , 19___, that I last saw the deceased alive on 5-3-57 , 19___, and that death occurred at 5:30 m., from the causes and on the date stated above.					
23a. SIGNATURE B. M. Stuart M.D.			23b. ADDRESS 329 Main; Boonville Mo.		23c. DATE SIGNED 5-29-57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 30th 1957	24c. NAME OF CEMETERY OR CREMATORY Walnut Grove		24d. LOCATION (City, town, or county) (State) Boonville, Missouri.	
DATE REC'D BY LOCAL REG. May 30-1957	REGISTRAR'S SIGNATURE Virginia T. Higgins		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodman & Boller, Boonville, Mo.		

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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... *William W. Wood*

Licensed Embalmer No. 4539.....

P. O. Address Boonville, Mis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure 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.