

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 26 1957

57-0-27585  
STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. I000 Registrar's No. 887

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>CLINTON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Rural</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. Josephs Hosp</b>		Length of stay in 1b <b>1 Day</b>	d. STREET ADDRESS (If outside, give location) <b>R.D. Gower, Mo</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>V VONNA Marie Swope</b>			4. DATE OF DEATH Month Day Year <b>July 28, 1957</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 28, 1957</b>
9. AGE (in years last birthday) Months Days Hours Min. <b>10 20</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>X X</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>X X X</b>		11. BIRTHPLACE (City and state or country) <b>R.D. Gower, Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>Ivan ALBERT Swope</b>	
13b. MOTHER'S MAIDEN NAME <b>Cora Mae SWINDLER</b>		14. NAME OF HUSBAND OR WIFE <b>X X X</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Ivan Swope</b>		Address <b>Gower Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary edema</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Prematurity</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) <b>774X</b>			INTERVAL BETWEEN ONSET AND DEATH <b>10 hrs.</b> <b>10 hrs.</b>
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 <b>July 28, 57 P</b> to <b>July 28, 57</b> and last saw her <sup>him</sup> alive on <b>July 28, 57</b> Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>W. Spalding MD</b>		22b. ADDRESS <b>Plattsburg Mo</b>	
22c. DATE SIGNED <b>July 28, 57</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
23b. DATE <b>8-1-57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Plattsburg Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Plattsburg, Mo.</b>		24. FUNERAL DIRECTOR <b>Dr. D. Lyon</b>	
24. ADDRESS <b>Plattsburg Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Aug 5, 1957</b>	
26. REGISTRAR'S SIGNATURE <b>Mrs. Robert Fulton</b>		(Licensed Embalmer's Statement on Reverse Side)	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

18 J.

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 Prepared for burial!, Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Daniel H. Lyon

Licensed Embalmer No. 3640  
P. O. Address Pattsburg, N.H.

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.