

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

31356

STATE FILE NUMBER

FILED SEP 24 1957

Registration District No. 116 Primary Registration District No. 3030 Registrar's No. 210

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Franklin</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Washington</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Washington</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Washington</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>St. Francis Hosp.</u>		Length of stay in lb <u>75 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>257 Fair St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Frank Edgar Swoboda</u>				4. DATE OF DEATH <u>Sept. 19, 1957</u>			
5. SEX <u>Male</u>				6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	
8. DATE OF BIRTH <u>Oct. 22, 1881</u>				9. AGE (In years last birthday) <u>75</u>		10. IF UNDER 1 YEAR Months <u>10</u> Days <u>27</u>	
11. BIRTHPLACE (City and state or country) <u>Washington, Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13. FATHER'S NAME <u>Frank Swoboda</u>				14. MOTHER'S MAIDEN NAME <u>Mary Powowitz</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT <u>Mrs. Cecilia Swoboda, Washington, Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u> DUE TO (b) <u>arterio sclerosis</u> DUE TO (c) <u>age</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a). <u>331x</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>
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 <u>6:55</u> 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 _____ to _____ and last saw her/him alive on _____ Death occurred at <u>6:55 A. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>L. J. Munnich</u> (Degree or title)				22b. ADDRESS <u>Washington, Mo.</u>		22c. DATE SIGNED <u>9-20-57</u>	
23a. BURIAL, CREMATION, OR REMOVAL (Specify)		23b. DATE <u>Sept 21, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Washington, Missouri</u>	
24. FUNERAL DIRECTOR <u>Heberg & Witt, Inc., Washington, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>9/20/57</u>		26. REGISTRAR'S SIGNATURE <u>F. P. Heidmann, F. P. Heidmann</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 *Lester A. Witt*

Licensed Embalmer No. *32*

P. O. Address *Washington*

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.