

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36988**

FILED OCT 25 1957

BIRTH NO. _____		REG. DIST. NO. <b>294</b>		PRIMARY REG. DIST. NO. <b>3056</b>		Registrar's No. <b>242</b>				
1. PLACE OF DEATH a. COUNTY <b>Randolph</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b>				b. COUNTY <b>Randolph</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moberly</b>		c. LENGTH OF STAY (in this place) <b>2 weeks</b>		c. CITY OR TOWN <b>Moberly</b>		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 <b>Whitaker Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>RR 3</b>				<b>0880</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Homer</b>			b. (Middle)			c. (Last) <b>Swinney</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>10/14/57</b>		
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>2/5/1873</b>		9. AGE (To years last birthday) <b>84</b>	IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, etc. If retired) <b>farming - Stockman</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <b>Monroe Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME <b>Augustus Swinney</b>			13b. MOTHER'S MAIDEN NAME <b>Margaret Cottingham</b>			14. NAME OF HUSBAND OR WIFE <b>Martha Swinney</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.		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Clyde Reed</b>				ADDRESS <b>Moberly, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
<p><i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i></p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Sepsis and Terminal pneumonia</b>						
				ANTECEDENT CAUSES						
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) _____ DUE TO (c) <b>Advanced Arteriosclerosis</b>						
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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
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)		20. AUTOPSY? <b>4500</b>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <b>Oct. 2, 1957</b> , to <b>Oct. 14, 1957</b> , that I last saw the deceased alive on <b>Oct. 14, 1957</b> , and that death occurred at <b>1:20 P.M.</b> , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <b>E. T. Whitaker D.D.</b>				23b. ADDRESS <b>Moberly, Mo.</b>			23c. DATE SIGNED <b>10/15/57</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10/16/57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oakland</b>		24d. LOCATION (City, town, or county) (State) <b>Moberly, Missouri</b>				
DATE REC'D BY LOCAL REG. <b>10/16/57</b>		REGISTRAR'S SIGNATURE <b>Charles...</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>John E. Miller</b>			ADDRESS <b>Moberly, Mo.</b>		

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.....  
*Richard L. Rogers*

Licensed Embalmer No.....

P. O. Address.....  
*Natural*

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.