

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

670

LED JAN 24 1958

State File No.

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>OSAGE</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Jefferson City, Mo.</u>		c. LENGTH OF STAY (In this place) <u>5 days</u>	c. CITY OR TOWN <u>Freeburg, Mo.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Charles E. Still Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>0760</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ned</u>	b. (Middle) <u>none</u>	c. (Last) <u>Swarthout</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 20, 1958.</u>
--	-------------------------	----------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 9, 1868.</u>	9. AGE (In years last birthday) <u>89</u> Months <u>4</u> Days <u>11</u> Hours <u></u> Mins. <u></u>
--------------------	-------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Hayden, Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
---	--	---	--

13a. FATHER'S NAME <u>A. L. Swarthout</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Spencer</u>	14. NAME OF HUSBAND OR WIFE <u>Emma Swarthout</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Carries Swarthout, Vienna, Mo.</u> ADDRESS <u>Vienna, Mo.</u>
---	-------------------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>medullary paralysis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>congestive heart failure</u> DUE TO (c) <u>arterosclerotic heart disease</u>		<u>unknown</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>paroxysmal fibrillation</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	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 1/17, 1958, to 1/20, 1958, that I last saw the deceased alive on 1/20, 1958, and that death occurred at 12:30A m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>46 E. High St.</u>	23c. DATE SIGNED <u>1/20/58</u>
---	------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/22/58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Vienna Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Vienna, Mo.</u>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. <u>20 January 1958</u>	REGISTRAR'S SIGNATURE <u>R. P. Norris, MD</u>	EMBALMER'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Vienna, Mo.</u>
---	---	---	----------------------------

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

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.....
W. B. Birmingham

Licensed Embalmer No. 366

P. O. Address.....
Sienna

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.