

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

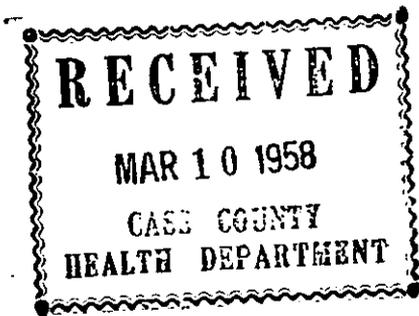
58-004785
State File No. _____

FILED MAR 13 1958

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4092 Registrar's No. 36

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

1. PLACE OF DEATH a. COUNTY <u>Cass</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Nebraska</u> b. COUNTY <u>Phelps</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Archie</u>		c. LENGTH OF STAY (in this place) <u>4 & 2/3 Mos</u>	c. CITY OR TOWN <u>Holdridge</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fatal attack on street</u>			e. STREET ADDRESS (If rural, give location) <u>0810</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Glen</u>		b. (Middle) <u>Julius</u>	c. (Last) <u>Swedell</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 3 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>July 17 1897</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Line operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Now retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Wilcox, Nebraska</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Swedell</u>		13b. MOTHER'S MAIDEN NAME <u>Selma Singleterry</u>		14. NAME OF HUSBAND OR WIFE <u>Irene Wilson Swedell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>505-44-3602</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Helen Tumbleson (Sister)</u>	ADDRESS <u>Archie, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCUSION</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4201</u>
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) 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:00 p</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>John Stebbins Sheriff Acc Coroner Cass Co, Hammonsville Mo.</u>			23b. ADDRESS		23c. DATE SIGNED <u>3-4-58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>March 4 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Prairie Home Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Holdridge, Nebraska</u>		
DATE REC'D BY LOCAL REG. <u>March 4, 1958</u>	REGISTRAR'S SIGNATURE <u>Nova Garwood</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>William Dickey Archie, Mo.</u>			



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 *Robert A. Peterson*.....

Licensed Embalmer No. *4902*.....

P. O. Address *Hammond, La.*.....

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.