

FILED MAR 24 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009682

STATE FILE NUMBER

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 758

300
-57

224

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Clinton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Forrest Rest Home		Length of stay in 1b 3 weeks	d. STREET ADDRESS (If outside, give location) 710 W. Ohio Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First James Middle Arthur Last Swanagon			4. DATE OF DEATH Month March Day 19 Year 1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH October 10, 1873 (85)	9. AGE (In years last birthday) (85)	10. UNDER 1 YEAR Months 0 Days 0	11. UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Trucker	10b. KIND OF BUSINESS OR INDUSTRY Chicken Hatchery	11. BIRTHPLACE (City and state or country) Warsaw, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John L. Swanagon	13b. MOTHER'S MAIDEN NAME Sarah Sandford	14. NAME OF HUSBAND OR WIFE Lula Swanagon
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 490-05-8208A	17. INFORMANT James W. Swanagon Address Clinton, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDITIS		INTERVAL BETWEEN ONSET AND DEATH 2 WK	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) HYPERTENSIVE HEART DISEASE		1 YR
	DUE TO (c) 443X		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.)
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20c. TIME OF INJURY Hour 9:15 Month, Day, Year MAR 19 1958	20d. INJURY OCCURRED WHILE AT <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 Clinton COUNTY Missouri STATE Missouri
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21. I attended the deceased from JULY 1957 to 19 MAR. 1958 and last saw ^{him} alive on 19 MAR. 1958 Death occurred at 9:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Hugh B. Walker, MD	22b. ADDRESS Clinton, Mo	22c. DATE SIGNED 20 MAR. 1958
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/22/58	23c. NAME OF CEMETERY OR CREMATORY Englewood	23d. LOCATION (City, town, or county) (State) Clinton Missouri
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24. FUNERAL DIRECTOR Consalus	ADDRESS Clinton, Mo.	25. DATE RECD. BY LOCAL REG. 3-20-58	26. REGISTRAR'S SIGNATURE Nelred Bigum
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Engine R. Conalua*

Licensed Embalmer No. *4680*
P. O. Address *Clinton, Va.*

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.