THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011261
STATE FILE NUMBER

FILED APR 9 1958

Registration District No. 316 Primary Registration District No. 6074 Registrar's No. 130

1. PLACE OF DEATH a. COUNTY St. Francois	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Randolph Twp. — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Elvins, Mo. Rt. #1 0940 — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: MARY Middle: THOMPSON Last: SWARTZ				4. DATE OF DEATH Month March Day 21 Year 1958	
5. SEX: female	6. COLOR OR RACE: white	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH: Aug 19, 1879	9. AGE (In years last birthday): 78	IF UNDER 1 YEAR: Months 7 Days 2; IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country): Crawford Co. Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: James Swartz			14. MOTHER'S MAIDEN NAME: Elizebeth Hopkins		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.: no	17. INFORMANT: Florence Minor	Address: 4626 Pope St. Louis	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral Thrombosis	1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. — DUE TO (b)	Arteriosclerosis, generalized	unknown
DUE TO (c)	332XH	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Carcinoma Colon & rectal hemorrhage

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 April 1957, to March 21, 1958 and last saw her/him alive on March 20, 1958

Death occurred at 11:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. L. Foster (Degree or title) MD 0

22b. ADDRESS Desloge, Mo

22c. DATE SIGNED 3-24-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE 3/27/58

23c. NAME OF CEMETERY OR CREMATORY: Calvary Cem.

23d. LOCATION (City, town, or county) (State): St. Louis Mo.

24. FUNERAL DIRECTOR: Sparks Funeral Home ADDRESS: Flat River, Mo.

25. DATE RECD. BY LOCAL REG.: Mar. 24, 1958

26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. "No symptoms will be listed." All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

APR 11 1958

JAN 5 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Murphy L Sparks

Licensed Embalmer No. 42

P. O. Address Flat River,

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.