

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021335

STATE FILE NUMBER

FILED JUL 8 1958 Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 190

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Sedgewick	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jetterson City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Wichita ⁸¹⁵⁰⁸
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Charles Still		Length of stay in 7b	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last CHARLES Valentine SWAFFORD			4. DATE OF DEATH Month Day Year July 2 1958		
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 Feb 19- 1891	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Month Days 4 13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Militer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Brunswick Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME London Swafford		13b. MOTHER'S MAIDEN NAME Beatrice Marsh		14. NAME OF HUSBAND OR WIFE ULVA WRAY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war and dates of service) No No		16. SOCIAL SECURITY NO. 511-05-6886		17. INFORMANT Address London Swafford California Mo	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary paralysis			INTERVAL BETWEEN ONSET AND DEATH 12 min 36 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cerebral Hemorrhage		
	DUE TO (c) Atherosclerotic heart disease		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200			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.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					

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 COUNTY STATE	
21. I attended the deceased from 29 June 1958 10 PM to 2 July 1958 and last saw him alive on July 2-1958 Death occurred at 3:29 a.m. m of the date stated above; and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE (Degree or title) [Signature]		22b. ADDRESS Still Hospital		22c. DATE SIGNED 7/2/58	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		23b. DATE 7-5-1958		23c. NAME OF CEMETERY OR CREMATORY Wichita Park Cemetery Wichita Kansas	
24. FUNERAL DIRECTOR ADDRESS Hugh & William California Mo		25. DATE RECD. BY LOCAL REG. 2 July 1958		26. REGISTRAR'S SIGNATURE R.P. Norris, M.D.M.R.	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diagnoses 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 *Hugh E. Williams*

Licensed Embalmer No. *3537*
P. O. Address *California*

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.