

t. Health,
, & Welfare
s. Public
h Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039378

STATE FILE NUMBER

Registration District No. 096 Primary Registration District No. _____ Registrar's No. 67

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Dallas		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dallas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wilson		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Dallas Long Lane
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Long Lane, Mo.		Length of stay in 1b Life	d. STREET ADDRESS (If outside, give location) Long Lane

3. NAME OF DECEASED (Type or print) First Oles Middle Albert Last Swigert			4. DATE OF DEATH Month November Day 28 Year 1958		
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5. SEX Male	6. COLOR OR RACE Caucasian	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 29, 1900	9. AGE (In years (a) birthday) 58	IF UNDER 1 YEAR Months 7 Days 29	IF 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) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Dallas County Missouri	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Henry Swigert	13b. MOTHER'S MAIDEN NAME Katheryn Haney	14. NAME OF HUSBAND OR WIFE Miriam Swigert
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Glen Swigert	Address Bolivar, Missouri
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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) Pulmonary Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 5 Min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) No Medical attention	
	DUE TO (c) _____	
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 _____ 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 Buffalo, Missouri	COUNTY _____ STATE _____
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21. I attended the deceased from _____, to _____, and last saw her/him alive on _____.
Death occurred at **3:10 AM** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Mrs Vera Petree</i> Registrar 8	22b. ADDRESS Buffalo, Missouri	22c. DATE SIGNED Nov. 29, 1958
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 30, 1958	23c. NAME OF CEMETERY OR CREMATORY Benton Branch Cemetery	23d. LOCATION (City, town, or county) (State) Dallas County Missouri
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24. FUNERAL DIRECTOR Montgomery Funeral Home	ADDRESS Buffalo, Mo.	25. DATE RECD. BY LOCAL REG. 12/1/58	26. REGISTRAR'S SIGNATURE <i>Mrs Vera Petree</i>
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Doctor, coroner, etc.: must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1059 Apr 8 1959

APR 24 1959

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 Theron H. Vietz, Student Embalmer No. 565 working under my personal supervision.

Student Theron H. Vietz
Signature of Student Embalmer

Signed Clyde Montgomery

Licensed Embalmer No. 3592

P. O. Address Buffalo, N.Y.

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.