

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001117

STATE FILE NUMBER

JAN 12 1959

Registration District No. 137 Primary Registration District No. Registrar's No. 2

300
1-57

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Windsor 0428 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Hospitale		Length of stay in lb 8 mo.	d. STREET ADDRESS (If outside, give location) 600 S. Franklin Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last SAMUEL ALONZO SWISHER			4. DATE OF DEATH Month Day Year Jan. 4, 1959		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-11-1876	9. AGE (In years) If UNDER 1 YEAR: Months Days If UNDER 24 HRS.: Hours Min. 82	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rt. Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Windsor, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Swisher		13b. MOTHER'S MAIDEN NAME Letha Kerr		14. NAME OF HUSBAND OR WIFE Mrs Martha Swisher	
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. 500-28-3092	17. INFORMANT Address Mrs. Martha Swisher Windsor, 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) Acute Myocardial Failure			INTERVAL BETWEEN ONSET AND DEATH 1 1/2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerotic Heart Disease	3-4 yrs.	
	DUE TO (c) Diabetes Mellitus	4-5 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Bronchial Asthma 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 12-8-55 to Jan 4 '59 and last saw him alive on Jan 4 '59 Death occurred at 1:30 A on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Clude M. Thurber M.D.		22b. ADDRESS Windsor, Mo.		22c. DATE SIGNED 1-5-59	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-5-1959	23c. NAME OF CEMETERY OR CORPORATION Laurel Oak		23d. LOCATION (City, town, or county) (State) Windsor Mo.
24. FUNERAL DIRECTOR ADDRESS Ellis Huston Windsor, Mo.		25. DATE RECD. BY LOCAL REG. 1-6-59	26. REGISTRAR'S SIGNATURE Mildred Bigum		

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Clifford Houge*

Licensed Embalmer No. *5014*

P. O. Address *Windsor, Mo*

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.