Health, Welfare Public Service

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1-57 C

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-008334
STATE FILE NUMBER

FILED APR 3 1959

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 50

| | |
|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY Barry | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Mo. b. COUNTY McDonald |
| b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Monett — Inside Limits Yes [X] No [ ] | c. CITY OR TOWN Anderson — Inside Limits Yes [X] No [ ] |
| c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Vincent Hosp. — Length of stay in 1b: 2 yrs | d. STREET ADDRESS (If outside, give location) City — Reside on Farm Yes [ ] No [X] |

| | | | |
|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) First: ANNA Middle: MAUD Last: SWITZER | | | 4. DATE OF DEATH Month Day Year: Feb. 28 1959 |
| 5. SEX: Female | 6. COLOR OR RACE: W | 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ] | 8. DATE OF BIRTH: Apr. 18, 1876 |
| 9. AGE (In years last birthday): 82 | IF UNDER 1 YEAR: Months / Days | 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: None | 11. BIRTHPLACE (City and state or country): Utica, Mo. | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME: Wesley McCloughan | 13b. MOTHER'S MAIDEN NAME: Unknown | 14. NAME OF HUSBAND OR WIFE: Frank M. Switzer | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT: Mrs. Sid Roark Anderson, Mo. | Address |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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) | Metastatic melanoma of the liver | few weeks |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | Primary melanoma of left foot | few months |
| DUE TO (c) | | |

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerotic Heart Disease — few years — 1967

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

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 8-28-57, to 2-27-59 and last saw her/him alive on 2-27-59
Death occurred at 2-27-59 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

| | | |
|---|---|---|
| 22a. SIGNATURE (Degree or title): F. J. Glass Jr MD | 22b. ADDRESS: 315½ Broadway, Monett, Mo. | 22c. DATE SIGNED: 3-21-59 |

| | | | |
|---|---|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify): Removal | 23b. DATE: 3-2-59 | 23c. NAME OF CEMETERY OR CREMATORY: Mt. Olive Cem. | 23d. LOCATION (City, town, or county) (State): Pittsburg, Kans. |
| 24. FUNERAL DIRECTOR: Humphrey & Son Anderson, Mo. | ADDRESS | 25. DATE RECD. BY LOCAL REG.: 3-26-59 | 26. REGISTRAR'S SIGNATURE: Mrs P.N. Cook |

(Licensed Embalmer's Statement on Reverse Side)

DATE REC. 3-31-81

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 B. M. Humphrey Jr.

Licensed Embalmer No. 4708

P. O. Address Noel 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.