

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025811

FILED VS AUG 17 1959

STATE FILE NUMBER

Registration District No. 276 Primary Registration District No. 5657 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Lawrence</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Red Oak</u>		Length of stay in 1b <u>Native</u>	c. CITY OR TOWN <u>LaRussell</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>residence</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R.F.D. # 1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Hazel</u> Middle <u>Swindle</u> Last <u>Swindle</u>			4. DATE OF DEATH Month <u>8</u> - Day <u>4</u> - Year <u>1959</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-29-93</u>	9. AGE (last birthday) <u>65</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months <u>8</u> Days <u>66</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lawrence Co.</u>	11. BIRTHPLACE (City and state or country) <u>USA</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Jihn Swindle</u>		13b. MOTHER'S MAIDEN NAME <u>Rosa Hackler</u>		14. NAME OF HUSBAND OR WIFE <u>Kressie Swindle</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War I</u>		16. SOCIAL SECURITY NO. <u>498-40-0249</u>	17. INFORMANT <u>Mrs. Kressie Swindle LaRussell Mo.</u> Address <u></u>		

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 <u>2 Days</u>
IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u>		
DUE TO (b) <u>Cerebral Arteriosclerosis</u>		
DUE TO (c) <u></u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I <u>Spinal Precursor Cerebral Thrombosis</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 6-2-59 to 8-4-59 and last saw him alive on 6-18-59  
 Death occurred at 8:20 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>[Signature]</u>	22b. ADDRESS <u>[Address]</u>	22c. DATE SIGNED <u>8/5/59</u>
23a. BURIAL CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>8-6-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Harvey Cemetery</u>
		23d. LOCATION (City, town, or county) <u>SW of LaRussell Mo.</u>

24. FUNERAL DIRECTOR <u>Morriss-Lemmon</u>	ADDRESS <u>Miller Mo</u>	25. DATE RECD. BY LOCAL REG. <u>8-13-59</u>	26. REGISTRAR'S SIGNATURE <u>W. S. Burney</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 19 1969

SEP 1969

SEP 1969

**STATEMENT BY LICENSED EMBALMER**

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

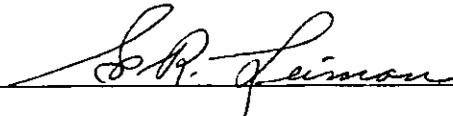
or by \*\*\* \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed



Licensed Embalmer No. 3297

P. O. Address Miller 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.