

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027865

FILED VS JUL 20 1959

STATE FILE NUMBER

Registration District No. 3E-1 Primary Registration District No. 6173 Registrar's No. 70

DED

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Milan Rt 5</u>		Length of stay in 1b <u>Life</u>	c. CITY OR TOWN <u>Milan Rt 5</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bauman Hosp.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Bauman Hosp</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>EVA GERTRUDE SWANK</u>		4. DATE OF DEATH Month Day Year <u>7-16-59</u>	
5. SEX <u>fe</u>	6. COLOR OR RACE <u>w</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-1-1875</u>
9. AGE (last birthday) <u>84</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Sullivan Co Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
11a. BIRTHPLACE (City and state or country) <u>Sullivan Co Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Salomon Zeiger</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Shipley</u>	
14. NAME OF HUSBAND OR WIFE <u>S. B Swank</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT Address <u>Milford Swank Milan Mo.</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
IMMEDIATE CAUSE (a) <u>Cerebrovascular Left Breast</u>		<u>3 yrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Myocardial infarction</u>	-
	DUE TO (c) <u>Senility</u>	-
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days.
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year		

20d. INJURY OCCURRED WHILE AT WORK <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 <u>May 59</u> to <u>Jul-16-59</u> and last saw her <u>alive</u> on <u>Jul-15-59</u> . Death occurred at <u>Jul-16-59 3:05 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <u>E. W. Simpson D O</u>	22b. ADDRESS <u>Milan Mo.</u>	22c. DATE SIGNED <u>7-16-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-18-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Glaze Cem.</u>
24. FUNERAL DIRECTOR ADDRESS <u>PK Payne 400 Saltmo</u>		25. DATE RECD. BY LOCAL REG. <u>7-18-59</u>
		26. REGISTRAR'S SIGNATURE <u>Mrs. M. W. Beckett</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 *P. H. Payne Jr.*

Licensed Embalmer No. 3400

P. O. Address Galt.

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.