

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035312

FILED VS NOV 16 1959 42

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STATE FILE NUMBER

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 50 years.	c. CITY OR TOWN St. Joseph Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR Saxton Rest Home INSTITUTION 2421 Francis St.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 712 Woodson Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Mary Middle V. Last Swain			4. DATE OF DEATH Month November Day 3 Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 9, 1873	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. School Teacher		10b. KIND OF BUSINESS OR INDUSTRY Public Schools	11. BIRTHPLACE (City and state or country) St. Joseph, Missouri.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William Lovell		13b. MOTHER'S MAIDEN NAME Elizabeth Lyons		14. NAME OF HUSBAND OR WIFE Joseph J. Swain	
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. none		17. INFORMANT Perry H. Millard Harvey, Illinois.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Mitral Insufficiency		INTERVAL BETWEEN ONSET AND DEATH 10 Oct. 15, 1958
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

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
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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 6:00 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 **July 1958** to **Nov. 3, 1959** and last saw ^{her}~~him~~ alive on **Oct. 4, 1959**
Death occurred at **6:00 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. W. Tadlock (Degree or title)	22b. ADDRESS M. W. 2727 Jules - St. Joseph Mo	22c. DATE SIGNED Nov 5-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 5, 1959	23c. NAME OF CEMETERY OR CREMATORY Mt. Mora Cemetery
23d. LOCATION (City, town, or county) St. Joseph, Missouri.		

24. FUNERAL DIRECTOR Amiechaffes Freeman Inc. ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. Nov. 10, 1959	26. REGISTRAR'S SIGNATURE Mrs. Clara Standell
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF AM TADLOCK M.D. 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 Robert B. Harrington

Licensed Embalmer No. 9258

P. O. Address H. J. Frank

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.