

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036658

FILED VS OCT 20 1959

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 149

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Webb City</u>	Length of stay in 1b <u>6 days</u>	c. CITY -OR TOWN <u>Carl Junction</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>Jane Chinn Memorial Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>Rt 1</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Sam</u> Middle <u>Swager</u> Last <u>Swager</u>			4. DATE OF DEATH Month <u>October</u> Day <u>12</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>9/17/06</u>	9. AGE (last birthday) <u>53</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months <u>0</u> Days <u>25</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Seneca, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Avery G. Swager</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Stout</u>		14. NAME OF HUSBAND OR WIFE <u>Mary M. Swager</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Mrs. Mary M. Swager R1-CARL JUNCTION</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>15 yrs</u>
IMMEDIATE CAUSE (a)	<u>Congestive Heart Failure</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Myocarditis</u>	
	DUE TO (c) <u>Undulant Fever</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Tetanus</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
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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 <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>	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 1944 to 10-12-59 and last saw him alive on 10-12-59
Death occurred at 1:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>P.M. Ponce</u>	(Degree or title) <u>D.O.</u>	22b. ADDRESS <u>Carterville, Mo</u>	22c. DATE SIGNED <u>10-13-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-15-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Carterville Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Carterville Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Hedge Lewis Funeral Home Webb City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10-15-59</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6967 23 100 SA

MS
AUG 5
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 me
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed L. J. Lewis Jr.

Licensed Embalmer No. 4561

P. O. Address Wills City

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.