

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040409

FILED VS NOV 3 0 1959

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STATE FILE NUMBER

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 10 days	c. CITY OR TOWN Gallatin, Rural
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First James Middle E. Last Swofford	4. DATE OF DEATH Month Nov. Day 11, Year 1959
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5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH June 9, 1878	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (City and state or country) --	12. CITIZEN OF WHAT COUNTRY U. S.
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13a. FATHER'S NAME Isaac M. Swofford	13b. MOTHER'S MAIDEN NAME - Sloan	14. NAME OF HUSBAND OR WIFE Carey Swofford
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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 James Swofford	Address 420 N. Elmwood
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cardiac failure with pnunomia	INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) generalized arteriosclerosis	
DUE TO (c) inoperable squamous carcinoma of bladder	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ureteral obstruction by tumor	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 checked="" 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.)
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20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____

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 _____
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21. I attended the deceased from **11-3-59** to **11-10-59** and last saw her alive on **11-10-59**
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Stoughton F. White</i>	(Degree or title)	22b. ADDRESS 4620 Nichols Pkwy.	22c. DATE SIGNED 11-11-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 11-12-59	23c. NAME OF CEMETERY OR CREMATORY --	23d. LOCATION (City, town, or county) (State) Gallatin, Mo.
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24. FUNERAL DIRECTOR Hope Funeral Home, Gallatin, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 11-13-59	26. REGISTRAR'S SIGNATURE <i>neve merrishell</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Stoughton F. White

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.