

1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE California b. COUNTY Riverside				
b. CITY (If outside corporate limits, give TOWNSHIP only) Arlington Township		Length of stay in 1b		c. CITY OR TOWN San Jacinto		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION County Road "T"			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Route 1, Box 87		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Arthur Middle Eugene Last Swarnes				4. DATE OF DEATH Month Apr Day 26 Year 60				
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 27 Jan 36	9. AGE (last birthday) 24	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier			10b. KIND OF BUSINESS OR INDUSTRY US Army	11. BIRTHPLACE (City and state or country) Papinsville, Missouri		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME William Lee Swarnes			13b. MOTHER'S MAIDEN NAME Beulah (Unknown)		14. NAME OF HUSBAND OR WIFE ---			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 569-48-9257		17. INFORMANT Major Robert L Rippee, Ft Leonard Wood, Mo				
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 1 year.	
IMMEDIATE CAUSE (a) Respiratory arrest								
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								
DUE TO (b) Subarachnoid hemorrhage								
DUE TO (c) Skull fracture								
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 type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Auto accident - missed curve - car rolled over -				
20c. TIME OF INJURY Hour 11:00 p.m. Month, Day, Year Apr 26 60		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 2 miles south of Newburg, Missouri on County Road "T"						
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.) county road		20f. CITY, TOWN, OR LOCATION Arlington Township		COUNTY Phelps	STATE Mo	
21: I attended the deceased from 27 April 1960 to 27 April 1960 and last saw him alive on 27 April 1960 . Death occurred at 11:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>Harry H. [Signature]</i> (Degree or title) Capt, MC				22b. ADDRESS Ft Leonard Wood, Mo		22c. DATE SIGNED 4-27-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Apr. 27, 1960	23c. NAME OF CEMETERY OR CREMATORY Ft. Leonard Wood, Mo.		23d. LOCATION (City, town, or county) (State)			
24. FUNERAL DIRECTOR Colonial Funeral Home			ADDRESS Lebanon	25. DATE RECD. BY LOCAL REG. May 2, 1960	26. REGISTRAR'S SIGNATURE <i>Nadene L. Stoll</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 18 1960

STATEMENT BY LICENSED EMBALMER

MAY 12 1960

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

or by _____, Student Embalmer No. 3

working under my personal supervision.

Student

Bill M. Wood
Signature of Student Embalmer

Signed

Gene B. Hunt

Licensed Embalmer No. 4739

P. O. Address Gald, me

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.