URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-038193
STATE FILE NUMBER

EILED VS OCT 24 1960

NDED

Registration District No. 139 Primary Registration District No. 4221 Registrar's No. 66

1. PLACE OF DEATH
a. COUNTY HOLT
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MOUND City — Length of stay in 1b 16 YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY HOLT
c. CITY OR TOWN MOUND City — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Middle Last: GEORGE HENRY SWYMELER

4. DATE OF DEATH Month Day Year: OCT 21, 1960

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2/3/1885
9. AGE (last birthday): 75 — 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): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (City and state or country): FOREST City, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: HENRY SWYMELER
13b. MOTHER'S MAIDEN NAME: CELIA DOZIER
14. NAME OF HUSBAND OR WIFE: MINA ANN SWYMELER

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.: 493-18-2781
17. INFORMANT Address: MRS. GEO. SWYMELER, MOUND City Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 6-23-60 to Oct 21-60 and last saw her/him alive on Oct 19 1960
Death occurred at 12 05 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): D B Perry M D
22b. ADDRESS: Mound City Mo
22c. DATE SIGNED: 10-21-60

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 10-23-1960
23c. NAME OF CEMETERY OR CREMATORY: South Bethel
23d. LOCATION (City, town, or county) (State): HOLT County, Mo.

24. FUNERAL DIRECTOR ADDRESS: James H Crawford, Mound City, Mo.
25. DATE RECD. BY LOCAL REG.: 10-21-1960
26. REGISTRAR'S SIGNATURE: James H Crawford

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

OCT 25 1960

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed [illegible]

Licensed Embalmer No. 479

P. O. Address Mound

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c 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.