

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS NOV 7 1960

60-039165  
STATE FILE NUMBER

Registration District No. 261 Primary Registration District No. 3048 Registrar's No. 288

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Maryville</u>		Length of stay in lb <u>44 yrs.</u>	c. CITY OR TOWN <u>Maryville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <u>St Francis Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1418 E Jenkins</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Margaret E</u> Middle <u>Swintford</u> Last <u>Swintford</u>			4. DATE OF DEATH <u>10-4-1960</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Cauc</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-27-1879</u>	9. AGE (last birthday) <u>81</u>	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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home own</u>		11. BIRTHPLACE (City and state or country) <u>Sedalia, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA.</u>
13a. FATHER'S NAME <u>John Crinfield</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Lee</u>		13c. NAME OF HUSBAND OR WIFE <u>Wm. Swintford</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. <u>none</u>		17. INFORMANT <u>Mrs. Joe Kemp</u> Address <u>Maryville Mo.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Septicemia, pulmonary edema

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
DUE TO (b) Pulmonary & hepatic emboli & acute hepatitis  
fracture & dislocations of left ankle & chronic  
DUE TO (c) hepatitis & chronic cholecystitis & cholelithiasis

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.)  
Struck by Car while crossing street.

20c. TIME OF INJURY  
Hour \_\_\_\_\_ 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.)  
near her home

20f. CITY, TOWN, OR LOCATION  
Maryville COUNTY Nodaway STATE Mo.

21. I attended the deceased from Sept 4, 1960 to October 4, 1960 and last saw her alive on October 4, 1960  
Death occurred at 1:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)  
W.R. Jackson M.D.

22b. ADDRESS  
Maryville, Missouri

22c. DATE SIGNED  
10-29-60

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

23b. DATE  
10-7-60

23c. NAME OF CEMETERY OR PREMATORY  
Oak Hill Cem-

23d. LOCATION (City, town, or county) (State)  
Maryville, Mo

24. FUNERAL DIRECTOR  
Atchison Funeral Home, Maryville, Mo. ADDRESS \_\_\_\_\_

25. DATE RECD. BY LOCAL REG.  
10-29-60

26. REGISTRAR'S SIGNATURE  
Beas, bolt

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*G M Alchison*

Licensed Embalmer No. 227

P. O. Address Maryville

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.

68-42-01