URL DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED 15 NOV 28 1960

60-044863
STATE FILE NUMBER

NDED

Registration District No. 340 Primary Registration District No. 6151 Registrar's No. 93

1. PLACE OF DEATH
a. COUNTY Stoddard
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural (Elk) — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence of Son — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Stoddard
c. CITY OR TOWN Dexter — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 25 First Street — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Rosa Middle: Last: Swift
4. DATE OF DEATH Month: Nov. Day: 3, Year: 1960
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 6-11-1880
9. AGE (last birthday) 80 — IF UNDER 1 YEAR Months 4 Days 22 — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired house-keeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country)
12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Sam Swift (Dec'd)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Richard McDaniel, Address Essex, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebro-vascular accident — INTERVAL BETWEEN ONSET AND DEATH 1 hour.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 years
DUE TO (c) Hypertension — 14-15 years
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 August 1958, to Nov. 1960 and last saw her him alive on November 2nd 1960
Death occurred at 12:30 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. A. Comeau (Degree or title) M. D.
22b. ADDRESS Dexter, Missouri
22c. DATE SIGNED 11-5-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11-5-60
23c. NAME OF CEMETERY OR CREMATORY Dexter
23d. LOCATION (City, town, or county) (State) Dexter, Missouri

24. FUNERAL DIRECTOR Strickland-Rainey ADDRESS Dexter, Mo.
25. DATE RECD. BY LOCAL REG. 11-14-60
26. REGISTRAR'S SIGNATURE Vikers V. Jenkins

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 Lucille Rainey

Licensed Embalmer No. 4983

P. O. Address Dexter, M

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