

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046661

FILED VS DEC 27 1960

Registration District No. 166 Primary Registration District No. 5603 Registrar's No. 25

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Grover Township</u>		Length of stay in 1b <u>Life</u>		c. CITY OR TOWN <u>Rural, KnobNoster,</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence, R.R.I, KnobNoster</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>R.R.I, KnobNoster, Mo.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>CLIFFORD</u> Middle <u>E.</u> Last <u>SWOPE</u>				4. DATE OF DEATH Month <u>December</u> Day <u>21st.</u> Year <u>1960</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>7-3-1896</u>		9. AGE (last birthday) <u>64</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>1</u> Hours <u>1</u> Min. <u>0</u>		IF UNDER 24 HR Hours <u>1</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>active Barber,</u>		11. BIRTHPLACE (City and state or country) <u>Johnson County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Fredrick Swope,</u>				13b. MOTHER'S MAIDEN NAME <u>Clara Bell,</u>				14. NAME OF HUSBAND OR WIFE <u>Lillian Swope,</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>492-14-2502</u>		17. INFORMANT Address <u>Mrs. Lillian Swope, KnobNoster, Missouri</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) <u>Coronary Insufficiency</u>										INTERVAL BETWEEN ONSET AND DEATH <u>6 months.</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) <u>Arteriosclerotic heart disease</u>										INTERVAL BETWEEN ONSET AND DEATH <u>8 years.</u>			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)									
20c. TIME OF INJURY Hour <u>6:30</u> a.m. <u>P.M.</u> Month, Day, Year		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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE			
21. I attended the deceased from <u>Aug 31, 1959</u> to <u>12-21-60</u> and last saw <u>him</u> alive on <u>11-12-60</u> Death occurred <u>6:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>[Signature]</u> (Degree or title)						22b. ADDRESS <u>M.D. Warrensburg, Missouri</u>			22c. DATE SIGNED <u>12-23-60</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-23-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>KnobNoster Cemetery,</u>			23d. LOCATION (City, town, or county) (State) <u>KnobNoster, Missouri</u>						
24. FUNERAL DIRECTOR <u>The Brauningers, Warrensburg, Mo.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>Dec 23/60</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 28 1960

JUN 27 1962

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed W A Bruminger

Licensed Embalmer No. 337

P. O. Address Warrenville

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