

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048422

FILED VS DEC 27 1964

STATE FILE NUMBER

Registration District No. 224 Primary Registration District No. 4470 Registrar's No. 224

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Arrow Rock, Mo		Length of stay in 1b 50 yrs.	c. CITY OR TOWN Arrow Rock Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at Home		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Arrow Rock, Mo. Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Miss. Eola Middle Switzler Last			4. DATE OF DEATH Dec. 19 1960 Month Day Year	
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/12/75	9. AGE (last birthday) 85
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Arrow Rock, Missouri	12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME Frank Switzler		13b. MOTHER'S MAIDEN NAME Aldelene Brooks		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT Mr. Fielden Switzler, Arrow Rock, Miss Address	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Insufficiency			INTERVAL BETWEEN ONSET AND DEATH 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Generalized Arteriosclerosis	
		DUE TO (c) Arthritis	

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 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 a.m. p.m.	Month, Day, Year				

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 **March 15-58** to **Dec 12-60** and last saw her/him alive on **Dec 22-1960**
Death occurred at **home in Dec 1960** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Dr. Nelson Swartz M.D. (Degree or title)	22b. ADDRESS 313 1/2 N Main St. Arrow Rock, Mo.	22c. DATE SIGNED 12-22-60
--	--	----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/22/60	23c. NAME OF CEMETERY OR CREMATORY Sappington Cemetery	23d. LOCATION (City, town, or county) (State) S.E. Saline County, Missouri
---	---------------------------	---	---

24. FUNERAL DIRECTOR Gayle Ann Patton, Mo. (Address)	25. DATE RECD. BY LOCAL REG. 12-22-'60	26. REGISTRAR'S SIGNATURE Carl G. Read
---	---	---

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 *Raymond H. [Signature]*
Licensed Embalmer No. 42200

P. O. Address *Bullton S*

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.