MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JAN 9 1961

-61-000877
STATE FILE NUMBER

Registration District No. 115-116 Primary Registration District No. 5434 Registrar's No. 3

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. John's Township — Length of stay in 1b: 81 yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): R2, Box 268 Washington — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Franklin
c. CITY OR TOWN: Washington — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R2, Box 268 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Anton Middle Joseph Last Swoboda
4. DATE OF DEATH: Month Jan. Day 2, Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1/17/1879
9. AGE (last birthday): 81 — IF UNDER 1 YEAR: Months 11, Days 15 — 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: Farm
11. BIRTHPLACE (City and state or country): Washington, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John Swoboda
13b. MOTHER'S MAIDEN NAME: Anna Nasauer
14. NAME OF HUSBAND OR WIFE: Josephine Swoboda
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: Mrs. Raymond H. Holt, Address: R2, Box 268, Washington, 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): Acute cardiac Decompensation.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Chr. arteriosclerotic Myocarditis.
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

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 Sept 1960, to Jan 2, 1961 and last saw ~~her~~ him alive on Dec. 29, 60
Death occurred at 2:15 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. F. Post M.D.
22b. ADDRESS: Washington Mo
22c. DATE SIGNED: 1/4/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan 5, 1961
23c. NAME OF CEMETERY OR CREMATORY: St. Gertrude Cemetery
23d. LOCATION (City, town, or county) (State): Krakow, Missouri

24. FUNERAL DIRECTOR: Fieburg & Vitt, Inc. L. Witt — ADDRESS: Washington, Mo.
25. DATE RECD. BY LOCAL REG.: 1/4/61
26. REGISTRAR'S SIGNATURE: F. C. Hudmann / L. C. Hudmann

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

Student_____
Signature of Student Embalmer

Signed Lester H. Witt

Licensed Embalmer No. 3254

P. O. Address Washington, Me

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.