

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-002120

FILED VS JAN 17 1961

STATE FILE NUMBER

AMENDED

Registration District No. 181 Primary Registration District No. 4293 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LINCOLN</u>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ELSBERRY</u>			Length of stay in 1b		c. CITY OR TOWN <u>ELSBERRY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>708 N. THIRD</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>208 N. THIRD</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>JACKSON SWARNES</u>						4. DATE OF DEATH Month Day Year <u>JAN. 2, 1961</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>3/14/1889</u>		9. AGE (last birthday) <u>71</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER - RET.</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>SELF EMPLOYED</u>		11. BIRTHPLACE (City and state or country) <u>10 ALHOUN, CO. ILL.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>WILLIAM SWARNES</u>				13b. MOTHER'S MAIDEN NAME <u>REBECCA SCOTT</u>				14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES W.W. ONE</u>				16. SOCIAL SECURITY NO.		17. INFORMANT <u>JEANNETTE PALMER</u>		Address <u>ELSBERRY, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:								INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>								<u>30 min. ?</u>			
DUE TO (b) <u>Arterio-Sclerodis</u>								<u>Unknown</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 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 Month, Day, Year a.m. p.m.											
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 _____ to _____ and last saw her/him alive on _____. Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.											
21a. SIGNATURE (Degree or title) <u>Joseph J. Marsh Sr. CORONER</u>						21b. ADDRESS <u>Troy, Missouri.</u>			21c. DATE SIGNED <u>1/4/61</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>JAN. 4, 1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>CITY CEM.</u>			23d. LOCATION (City, town, or county) (State) <u>ELSBERRY, MISSOURI</u>				
24. FUNERAL DIRECTOR <u>O'GARLAN C. RICKS - ELSBERRY, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>1/6/1961</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Clarence Kintz</u>					

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *O. Gailaudet*

Licensed Embalmer No. 4012

P. O. Address ELSBERRY, Mo.

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.

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