

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

56-61-023962
STATE FILE NUMBER

Registration District No. 7 Primary Registration District No. 4025 Registrar's No. _____

FILED AUG 7 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY BARRY		a. STATE MO. b. COUNTY NEWTON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WHEATON		c. CITY OR TOWN DIAMOND	
Length of stay in 1b MIN.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last			4. DATE OF DEATH
CARL LEE SWEARINGEN			Month 7 Day 23 Year 61
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/16/31
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Saleman		10b. KIND OF BUSINESS OR INDUSTRY Used cars	9. AGE (last birthday) 29
11. BIRTHPLACE (City and state or country) Purdy, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Joe R. Swearingen		13b. MOTHER'S MAIDEN NAME Ivon Wilson	14. NAME OF HUSBAND OR WIFE Jane Flora Swearingen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	17. INFORMANT Jane Swearingen, Diamond, Mo.
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) Gun Shot Wound in right chest			min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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 day <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 checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Shot with 12 gauge 00 shot while trying	
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year to enter home of Floyd D. Flora. Shot entered right upper chest and come out of left side of upper back		
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.) F.D. Flora's home	20f. CITY, TOWN, OR LOCATION Wheaton	COUNTY Barry STATE Missouri
21. I attended the deceased from CORONER'S CASE and last saw her him alive on _____			
Death occurred at about 2:00 p. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dryle E. Williams Coroner		22b. ADDRESS Cassville, Missouri	22c. DATE SIGNED 7/23/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-25-1961	23c. NAME OF CEMETERY OR CREMATORY Garney Cem.	23d. LOCATION (City, town, or county) (State) Jenkins, Mo. Barry Co
24. FUNERAL DIRECTOR W. Marie Roque Wheaton, Mo		25. DATE RECD. BY LOCAL REG. 7-27-61	26. REGISTRAR'S SIGNATURE Grace Williams

AUG 28 1961
APR 24 1962

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 Roy E. Williams

Licensed Embalmer No. 4883

P. O. Address Cassville,

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.