

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

712-61-024821  
STATE FILE NUMBER

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 712

**FILED AUG 7 1961**

**1. PLACE OF DEATH**  
 a. COUNTY Greene  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield Length of stay in lb Life  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mercy Hospital Inside Limits Yes  No

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri COUNTY Greene  
 c. CITY OR TOWN Springfield Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 2806 East Avenue Reside on Farm Yes  No

**3. NAME OF DECEASED** (Type or print) First James Middle Wesley Last McSwain  
**4. DATE OF DEATH** Month July Day 27 Year 1961

**5. SEX** Male **6. COLOR OR RACE** White **7. Married**  Never Married  Widowed  Divorced   
**8. DATE OF BIRTH** 2-14-1874 **9. AGE (last birthday)** 87 IF UNDER 1 YEAR Months Days 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) Missouri **12. CITIZEN OF WHAT COUNTRY** U. S. A.

**13a. FATHER'S NAME** Thomas McSwain **13b. MOTHER'S MAIDEN NAME** Malinda East **14. NAME OF HUSBAND OR WIFE** Venda McSwain

**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** Howard McSwain, Willard, Missouri 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) Cardio Vascular Disease  
 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 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** 1947 to 7-27-1961 and last saw him alive on 7-25-61  
 Death occurred at 8:00 h. on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** [Signature] (Degree MD) **22b. ADDRESS** 1715 BOONVILLE SPRINGFIELD MISSOURI **22c. DATE SIGNED** 7-31-61

**23a. BURIAL, CREMATION, REMOVAL (Specify)** Burial **23b. DATE** 7-29-1961 **23c. NAME OF CEMETERY OR CREMATORY** Greenlawn Cemetery **23d. LOCATION** (City, town, or county) (State) Springfield, Missouri

**24. FUNERAL DIRECTOR** Rex Rainey ADDRESS Springfield, Mo. **25. DATE RECD. BY LOCAL REG.** 8-1-61 **26. REGISTRAR'S SIGNATURE** [Signature]

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

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 me,  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3312

P. O. Address Springfield, 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.