

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037690

Registration District No. 200 Primary Registration District No. _____ Registrar's No. 174

STATE FILE NUMBER

AMENDED

FILED NOV 7 1961

1. PLACE OF DEATH a. COUNTY Mac on		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN La Plata		c. CITY OR TOWN La Plata Inside Limits Yes <input checked="" 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) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last CLARENCE SIMS SWARTHOUT			4. DATE OF DEATH Month Day Year October 31, 1961		
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 12-24-80	9. AGE (last birthday) 80	IF UNDER 1 YEAR IF UNDER 24 HR Months 10 Days 10 Hours 00 Min. 00
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Produce House		10b. KIND OF BUSINESS OR INDUSTRY same		11. BIRTHPLACE (City and state or country) La Plata, Mo.	
13a. FATHER'S NAME James Swarthout		13b. MOTHER'S MAIDEN NAME Sarah Sims		14. NAME OF HUSBAND OR WIFE Myrtle Swarthout	
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 Address Mrs. Myrtle Swarthout, La Plata	

18. CAUSE OF DEATH (Enter one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH Instantaneous
IMMEDIATE CAUSE (a) coronary occlusion		5 yrs.
DUE TO (b) arteriosclerosis		
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 checked="" 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 Jan 1, 1961 to Oct. 31, 1961 and last saw her/him alive on 10-31-61
Death occurred at 3 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deedee or title) Harold DeLoe		22b. ADDRESS D.O. La Plata, Missouri		22c. DATE SIGNED 10-31-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov 2, 1961	23c. NAME OF CEMETERY OR CREMATORY La Plata Cemetery	23d. LOCATION (City, town, or county) (State) La Plata, Mo. s	

24. FUNERAL DIRECTOR Wilson Funeral Home, La Plata	ADDRESS Mo. 11-2-61	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE Keith McNeely
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DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

NOV 30 1961

JAN 4 1962

FEB 23 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 Kenneth Wilson

Licensed Embalmer No. 4701

P. O. Address La Plata 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.