MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-043483
STATE FILE NUMBER

AMENDED

Registration District No. 4 Primary Registration District No. _____ Registrar's No. 2

FILED JAN 9 1962

1. PLACE OF DEATH
a. COUNTY Atchison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fairfax — Length of stay in 1b: 3 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Fairfax Community Hospital — Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First Joel — Middle Westly — Last Swift

4. DATE OF DEATH: Month Dec. — Day 26 — Year 1961

5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2/26/1878
9. AGE (last birthday): 83 — IF UNDER 1 YEAR: Months 10 Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): meat cutter
10b. KIND OF BUSINESS OR INDUSTRY: grocery store
11. BIRTHPLACE (City and state or country): Atchiosn County, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Nathen Swift
13b. MOTHER'S MAIDEN NAME: Serena Hoover
14. NAME OF HUSBAND OR WIFE: Reba Swift

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. Reba Swift — Address: Tarkio, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary occlusion c̄
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) myocardial infarction
DUE TO (c) Arteriosclerotic Cardio vascular disease
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 1/7/50 to 12/26/61 and last saw ~~her~~ him alive on 12/26/61
Death occurred at 4 30 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] Niedermeyer MD
22b. ADDRESS: Tarkio, Mo.
22c. DATE SIGNED: 12/28/61

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 12/28/61
23c. NAME OF CEMETERY OR CREMATORY: Home Cemetery
23d. LOCATION (City, town, or county): Tarkio (State) Mo.

24. FUNERAL DIRECTOR: Davis Funeral Home — ADDRESS: Tarkio, Mo.
25. DATE RECD. BY LOCAL REG.: Jan 6, 1962
26. REGISTRAR'S SIGNATURE: Flavin H. Schaeler

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. — SHOULD READ — INSTEAD OF — DATE AMENDED — BY AFFIDAVIT OF — DOCUMENT — MEDICAL CERTIFICATION

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 Frost A. Browning

Licensed Embalmer No. 3338

P.O. Address Tarkio, 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.