

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043874

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 55 Primary Registration District No. 55 Registrar's No. 5798 STATE FILE NUMBER 125

FILED JAN 2 1962

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Carroll	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trotter Township		Length of stay in 1b 3 years	c. CITY OR TOWN Carrollton RR Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 8 miles west of town Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Warren Middle Virgil Last Swank	4. DATE OF DEATH Month December Day 19 Year 1961
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 11-14-1906	9. AGE (last birthday) 55	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel worker	10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and state or country) Carroll County, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME David Swank	13b. MOTHER'S MAIDEN NAME Mary Jane Goodson	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	17. INFORMANT Mrs. Harvey Donaldson Carrollton, Mo	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage from abdominal cavity due to 2 shots from 12 gauge double barrel shot gun		INTERVAL BETWEEN ONSET AND DEATH
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" 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.) Colonel July Bendit: Death was caused by gun shot wounds in to abdomen by unknown party or parties.
20c. TIME OF INJURY Hour 1:30 ?? p.m. Month, Day, Year DEC. 19. 61		

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.) in home	20f. CITY, TOWN, OR LOCATION P.R. Carrollton, Carroll, Mo.	COUNTY	STATE
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21. I attended the deceased from **at death - Colonel call** and last saw her alive on _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Dee/ee or title) Edward L. Smith Dee	22b. ADDRESS 107 9th St. Carrollton, Mo	22c. DATE SIGNED 12/21/61
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23a. BURIAL, CREMATION, REBURY (Specify) Burial	23b. DATE 12-22-1961	23c. NAME OF CEMETERY OR CREMATORY Trotter Cemetery	23d. LOCATION (City, town, or county) (State) Carroll County, Missouri
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24. FUNERAL DIRECTOR GIBSON FUNERAL HOME Carrollton, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 12/26/61	26. REGISTRAR'S SIGNATURE Mr. Herbert Cramer
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(Licensed Embalmer's Statement on Reverse Side)

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

FEB 21 1962

APR 11 1968

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 James F. Wilson

Licensed Embalmer No. 5076

P. O. Address Carrollton, W

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.