

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017666

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 78

FILED APR 16 1962

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF		
10975				
20970				
3				
4 0				
5 0				
6				
7 0				
8 2				
9773.5				
10	DOCUMENT	BY AFFIDAVIT OF		
11				
121-0				
133-0				
			MEDICAL CERTIFICATION	SHOULD READ
	ITEM NO.	BY AFFIDAVIT OF		

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marshall</u>		Length of stay in lb <u>2 HRS.</u>	c. CITY OR TOWN <u>Malta Bend</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Fitzgibbon Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>4 N NE Malta Bend, Mo.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>LARRY WAYNE SWIGERT</u>		4. DATE OF DEATH Month Day Year <u>April 13, 1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-13-1962</u>
9. AGE (last birthday) Months Days Hours Min. <u>2</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby</u>	
11. BIRTHPLACE (City and state or country) <u>Marshall, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Charles Swigert</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Williams Swigert</u>	
14. NAME OF HUSBAND OR WIFE <u>x</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>x</u>	
16. SOCIAL SECURITY NO. <u>x</u>		17. INFORMANT <u>Charles Swigert Malta Bend, Mo.</u> 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) <u>Respiratory Suffering</u> DUE TO (b) <u>Prematurity (6 no Preg 1st wt)</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) 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		INTERVAL BETWEEN ONSET AND DEATH	
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 <u>Apr 13</u> to <u>Apr 13</u> and last saw her ^{her} alive on <u>Apr 13</u> Death occurred at <u>Apr 13</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>[Signature]</u>		22b. ADDRESS <u>Marshall, Missouri</u>	22c. DATE SIGNED <u>4/13/1962</u>
23. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>4-14-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BUFFALO</u>	23d. LOCATION (City, town, or county) (State) <u>Mo</u>
24. FUNERAL DIRECTOR <u>Sweeney-Reser Funeral Home Marshall</u>		ADDRESS <u>4-13-62</u>	25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE <u>Cecil H. Reed</u>

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 _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Student Embalmer No. _____

This Body was not properly Embalmed

Signed _____

Jack W. Reese

Licensed Embalmer No. _____

4643

P. O. Address _____

Marshall, 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.