

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-042313

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 1803

FILED DEC 12 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

6397  
20220  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY Greene  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield Length of stay in 1 Mo  
c. FULL NAME OF HOSPITAL OR INSTITUTION 920 E. Grand Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo b. COUNTY Christian  
c. CITY OR TOWN Sparta Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 2 Mi. S. of Sparta Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Robert Middle W. Last Swier's 4. DATE OF DEATH Dec. 5 1962 Month Dec. Day 5 Year 1962

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 12-1-1878 9. AGE (last birthday) 84 IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Timber buyer 10b. KIND OF BUSINESS OR INDUSTRY Tie Co. 11. BIRTHPLACE (City and state or country) Harrisonville, Mo 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Joseph Swiers 13b. MOTHER'S MAIDEN NAME Becky ANN Clark 14. NAME OF HUSBAND OR WIFE Beattie Swiers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None 16. SOCIAL SECURITY NO. None 17. INFORMANT Beattie Swiers, Sparta, Mo 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) Chronic Myocardial Dilatation  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Myocarditis  
DUE TO (c) Arteriosclerosis  
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 Month, Day, Year a.m. p.m.

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 January 1-1962 to December 5-1962 and last saw him alive on August 7<sup>th</sup> 1962  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

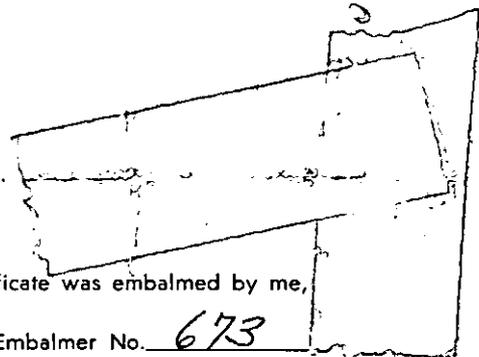
22a. SIGNATURE (Degree or title) Dr. Warren H. Wilson 22b. ADDRESS Sparta, Mo. 22c. DATE SIGNED 12-7-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Dec. 8, 1962 23c. NAME OF CEMETERY OR CREMATORY Sparta Cemetery 23d. LOCATION (City, town, or county) (State) Sparta, Mo.

24. FUNERAL DIRECTOR Adams-Monger, Ozark, Mo ADDRESS 25. DATE RECD. BY LOCAL REG. 12-11-62 26. REGISTRAR'S SIGNATURE Effie S. Meeton

USE BLACK INK OR TYPEWRITER RIBBON

Permit 12-5-62



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 Robert H. Bates III, Student Embalmer No. 673

working under my personal supervision.

Student Robert H. Bates III  
Signature of Student Embalmer

Signed Brie M. Abbott

Licensed Embalmer No. 5115

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.