

FILED SEP 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29375

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>985</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Buchanan</u>		b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>St. Joseph</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Buch.</u>	
c. LENGTH OF STAY (in this place township) <u>47 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		d. STREET ADDRESS <u>1206 Douglas Street</u>		d. STREET ADDRESS (If rural, give location) <u>7</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1216 Douglas Street</u>				d. STREET ADDRESS <u>1206 Douglas Street</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>Thomas</u>		b. (Middle) <u>B.</u>	c. (Last) <u>Swartz</u>		(Month) (Day) (Year) <u>Sept. 6, 1949</u>		Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 23, 1873</u>		9. AGE (In years last birthday) <u>75</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber (retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Dekalb County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Samuel Swartz</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Knight</u>		14. NAME OF HUSBAND OR WIFE <u>Cora Swartz</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Cora Swartz - St. Joseph, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>36 days</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u>		DUE TO (b) <u>Age</u>			
		ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				<u>334X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept 30, 1949</u> , to <u>Sept 6, 1949</u> , that I last saw the deceased alive on <u>Sept 6, 1949</u> , and that death occurred at <u>10:25 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Lester Beck M.D.</u>		23b. ADDRESS <u>11 King Hill Bldg King City, Missouri</u>		23c. DATE SIGNED <u>Sept. 8, 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Sept. 10, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Winslow Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>King City, Missouri</u>	
DATE REC'D BY LOCAL REG <u>Sept. 14, 1949</u>		REGISTRAR'S SIGNATURE <u>L. B. Jenkins</u>		382 GENERAL DIRECTOR'S SIGNATURE <u>Stamey Funeral Home</u>		ADDRESS <u>St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

No. 300

10-48

**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 .....  
Student Embalmer

Signed Charles M. Gassman

Licensed Embalmer No. 4487

P. O. Address St Joseph

**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 this body is not embalmed, fact should be so stated above.