

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7778

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 287

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION 223 N. 8th Street		d. STREET ADDRESS (If rural, give location) 2314 Circle Drive	
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) Marie	
		c. (Last) Swenson	
4. DATE OF DEATH March 9, 1950			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 6, 1861
9. AGE (In years last birthday) 88		10. UNDER 1 YEAR Months	11. UNDER 1 WKS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	
11. BIRTHPLACE (State or foreign country) Denmark.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Christian Peterson		13b. MOTHER'S MAIDEN NAME Anna Monson	
14. NAME OF HUSBAND OR WIFE Lewis Swenson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Harry C. Swenson		ADDRESS St. Joseph, Missouri	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>central thrombosis</i> ANTECEDENT CAUSES <i>Arteriosclerosis + chronic hypertension</i> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>May 1940</i> to <i>March 1950</i> , that I last saw the deceased alive on <i>March 8, 1950</i> , and that death occurred at <i>9:10A m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>W. J. Schaefer, M.D.</i>		23b. ADDRESS <i>St. Joseph, Mo.</i>	
23c. DATE SIGNED <i>3-9-50</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 11, 1950	
24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	
DATE REC'D BY LOCAL REG. <i>Mar 13, 1950</i>		REGISTRAR'S SIGNATURE <i>G. B. Jenkins</i> 382	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Halter Meierhoffer</i>		ADDRESS <i>1946 Colhoun St. St. Joseph, Mo.</i>	

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

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 Raymond H. Marchessault
Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, Missouri.

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.