

FILED JUN 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16074  
2392

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

c. LENGTH OF STAY (in this place) 12 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Research Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri

b. COUNTY Cass

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harrisonville

d. STREET ADDRESS (If rural, give location) 0190-1

3. NAME OF DECEASED

a. (First) Alberta

b. (Middle) -

c. (Last) Swarthout

4. DATE OF DEATH (Month) (Day) (Year) May 22, 1950

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH Oct. 28, 1873

9. AGE (in years last birthday) 76

IF UNDER 1 YEAR Months Days

IF UNDER 2 MRS. Hour Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME E. M. Musick

13b. MOTHER'S MAIDEN NAME Mary Kerns

14. NAME OF HUSBAND OR WIFE Frank Swarthout

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. no

17. INFORMANT'S SIGNATURE OR NAME Helen Kemper, Harrisonville, Mo.

ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Pulmonary Embolism

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Fractured Hip

DUE TO (c) Asymptomatic foot chaperly gangrene stroke

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 7  
E 902  
45

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hospital

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Harrisonville Cass, Mo.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY May 9, 1950 m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? fell out of bed.

22. I hereby certify that I attended the deceased from May 10, 1950, to May 22, 1950, that I last saw the deceased alive on May 22, 1950, and that death occurred at 1:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE D. R. Black (Degree or title) M.D.

23b. ADDRESS 924 Prof. Bldg., K.C., Mo.

23c. DATE SIGNED 5/25/50

24a. BURIAL, CREMATION, REMOVAL (Specify) removal

24b. DATE 5/22/50

24c. NAME OF CEMETERY OR CREMATORY Crescent Hill

24d. LOCATION (City, town, or county) (State) Adrian, Missouri

DATE REC'D BY LOCAL REG. 5-27-50

REGISTRAR'S SIGNATURE Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE, Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Dir. Ralph E. Mueller and Harold V. Johnson, Pres.

600

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 Embalmer No.....

Signed.....  
Student Embalmer

Signed *J G Allen*

Licensed Embalmer No. *1415*

P. O. Address *K. E. H. S.*

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.