

FILED DEC 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41859**
5266

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. LENGTH OF STAY (In this place) 54 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City			
d. FULL NAME OF HOSPITAL OR INSTITUTION Mary's Home 3215 Campbell				d. STREET ADDRESS (If rural, give location) 4317 Harrison 3668			
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) Henry		c. (Last) Swift		4. DATE OF DEATH (Month) (Day) (Year) Dec. 5, 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH March 7, 1962	
9. AGE (In years last birthday) 89 years		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired leather buyer		10b. KIND OF BUSINESS OR INDUSTRY Askew Saddlery Co.		11. BIRTHPLACE (State or foreign country) Woonsocket, R.I.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME John Swift		13b. MOTHER'S MAIDEN NAME No record		14. NAME OF HUSBAND OR WIFE Nettie Jane Swift	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Jane E. Mallo 4317 Harrison			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral malacia arterio sclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hemiplegia dementia (secondary) DUE TO (c) arterio sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Proximal weakness - progressing				INTERVAL BETWEEN ONSET AND DEATH One year 1 year 334X 5-6 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 Sept 25, 1951 , that I last saw the deceased alive on Sept 28, 1951 , and that death occurred at 9:35 P.M. from the causes and on the date stated above.							
23a. SIGNATURE Herbert Tuthill MD				23b. ADDRESS 1211 Rialto Bldg		23c. DATE SIGNED Dec 6, 1951	
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE Dec 8, 1951		24c. NAME OF CEMETERY OR CREMATORY Mr. Muncie		24d. LOCATION (City, town, or county) (State) Leavenworth, Kas.	
DATE REC'D BY LOCAL REG. 12-7-51		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thos. E. Quirk 4316 Troost Ave.			

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed.....
Student Embalmer

Licensed Embalmer No. 375

P. O. Address _____

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.