

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18062**

FILED JUN 28 1954

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 647

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. LENGTH OF STAY (In this place) 3 mos.	c. CITY OR TOWN St. Joseph
d. FULL NAME OF HOSPITAL OR INSTITUTION Parkview Sunnyslope Nursing Home 3225 S. 11th St.		e. STREET ADDRESS (If rural, give location) 3229 1/2 Mitchell Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Gertrude	b. (Middle) Swennes	c. (Last) Swennes	4. DATE OF DEATH (Month) (Day) (Year) June 16, 1954
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 21, 1863	9. AGE (In years if under 1 year last birthday) Months Days Hours Min. 81
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and State or Foreign Country) Wabasha, Minnesota	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Harvey Smith	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Tilford B.
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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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Larry Fike, 3229 1/2 Mitchell, St. Joseph, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho genic Caecemia		
	ANTECEDENT CAUSES Morbid 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 162x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Apr, 1954, to 16 June, 1954, that I last saw the deceased alive on 15 June, 1954, and that death occurred at 3:55a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Arthur W. Leary MD	23b. ADDRESS 520 Francis St. St. Joseph, Mo.	23c. DATE SIGNED 16 June 54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Crementation	24b. DATE 6/18/54	24c. NAME OF CEMETERY OR CREMATORY D.W. Newcomer's	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. June 24, 1954	REGISTRAR'S SIGNATURE Kather M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heston - Bowman St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

4

Wm. Spalding

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.....
Signature of Student Embalmer

Signed *William Spalding*.....

Licensed Embalmer No... *4530*

P. O. Address *317 S. 17th St.*

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.