

FILED JUN 21 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 18063

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 606		
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) Lifetime		c. CITY OR TOWN St. Joseph		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital				e. STREET ADDRESS (If rural, give location) 2314 W. Circle Drive 0117/0				
3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) C. c. (Last) Swenson			4. DATE OF DEATH (Month) (Day) (Year) June 12, 1954.					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH January 21, 1898		
9. AGE (In years last birthday) 56		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer Mo. Hi-way Dep't.		11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Lewis Swenson.			13b. MOTHER'S MAIDEN NAME Anna Marie Peterson		14. NAME OF HUSBAND OR WIFE Nona Elizabeth Swenson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 491-22-8663		17. INFORMANT'S SIGNATURE OR NAME Mrs. Nona E. Swenson - St. Joseph, Mo.				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction Coronary Occlusion Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Heart Disease, arteriosclerotic DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 2 min. 5 min. unknown	
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)		4201		
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 5/27 19 54, to 6/12/ 19 54, that I last saw the deceased alive on 6/12/ 19 54, and that death occurred at 9:20A m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Allen Spelman M. D.				23b. ADDRESS 706 Francis, St. Joseph, Mo.		23c. DATE SIGNED 6/14/54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 15, 1954		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.		
DATE REC'D BY LOCAL REG. June 16, 1954		REGISTRAR'S SIGNATURE Katherine M. Allison 435		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gne. St. Joseph, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

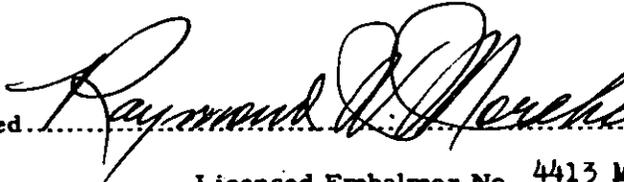
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 .....<sup>\*\*\*</sup>.....<sup>\*\*\*\*</sup>....., Student Embalmer No. ....<sup>\*\*</sup>..... working under my personal supervision..

Student.....<sup>\*\*\*\*</sup>.....<sup>\*\*\*\*</sup>.....  
Signature of Student Embalmer

Signed .....  
Licensed Embalmer No. 4413 M

P. O. Address St. Joseph, Mo.

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.