

FILED JUL 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23168**
2909

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 Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Fairway	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 21 days		e. STREET ADDRESS (If rural, give location) 5631 Aberdeen	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) LEONARD b. (Middle) C. c. (Last) SWANSON		4. DATE OF DEATH (Month) (Day) (Year) June 26, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-7-1889
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Western Electric Co.	11. BIRTHPLACE (City and State or Foreign Country) Sedalia, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Western Electric Co.		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Charles A. Swanson		13b. MOTHER'S MAIDEN NAME Christine Nelson		14. NAME OF HUSBAND OR WIFE Mrs. Mae Swanson	
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. 487-01-2440		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mae Swanson Fairway, Kansas	

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) Carcinomatous ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of the gall bladder 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 half 155	
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19a. DATE OF OPERATION 6/17/54		19b. MAJOR FINDINGS OF OPERATION Carcinomatous with common duct obstruction		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) (m.)		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 **May 1, 1954**, to **June 26, 1954**, that I last saw the deceased alive on **June 26, 1954**, and that death occurred at **2 P. M.** from the causes and on the date stated above.

23a. SIGNATURE Arnold V. Arms (Degree or title)		23b. ADDRESS 4635 Wyandotte K. City Mo 64616		23c. DATE SIGNED 6/26/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 28, 1954		24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah	
				24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	

DATE REC'D BY LOCAL REG. 6-27-54		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Freeman Mortuary Kansas City, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

W. H. Erwin
H. J. Fisher

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 *Walter H. Erwin*

Licensed Embalmer No. *435*

P. O. Address *Kansas C.*

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.