

FILED AUG 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27751

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3412

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson

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

c. CITY OR TOWN Kansas City

d. Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Osteopathic Hospital

STREET ADDRESS 4808 Oak Street 2128

3. NAME OF DECEASED
a. (First) ETHEL b. (Middle) G. c. (Last) SWITZER

4. DATE OF DEATH July 15, 1954

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married

8. DATE OF BIRTH Aug. 30, 1886

9. AGE (In years last birthday) 67 Months 0 Days 0 Hours 0 Min. 0

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

10b. KIND OF BUSINESS OR INDUSTRY Grade School

11. BIRTHPLACE (City and State or Foreign Country) Greenfield, Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William H. Switzer

13b. MOTHER'S MAIDEN NAME Diantha Rolfe

14. NAME OF HUSBAND OR WIFE Miss Mary Jane Switzer, 4006 Montgall, K.C., Mo

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

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME Miss Mary Jane Switzer, 4006 Montgall, K.C., 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) Respiratory Failure

INTERVAL BETWEEN ONSET AND DEATH Immediate

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral hemorrhage - 3 days
hypostatic-pulmonary hemorrhage - 4 days
DUE TO (c) arteriosclerosis & hypertension

331X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) (Min.)

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

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15th, 1954 to July 15th, 1954, that I last saw the deceased alive on July 15th, 1954 and that death occurred at 11:03 a.m., from the causes and on the date stated above.

23a. SIGNATURE G. N. Gilliam DO (Degree or title)

23b. ADDRESS 926 - E 11th St K.C., Mo

23c. DATE SIGNED July 15th 1954

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

24b. DATE 7-17-54

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State) Mendon, Michigan

DATE REC'D BY LOCAL REG. 7-16-54

REGISTRAR'S SIGNATURE Heraldine Smith

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

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

W. B. W. Williams }
1112 - ... }
Feb. 1944 } 7/16

Temp refused

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 Gerald A. Burger
Licensed Embalmer No. 4763

P. O. Address K. E. 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.