

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20437

State File No.

4976

FILED JUN 22 1955

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

| | | | |
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| 1. PLACE OF DEATH a. COUNTY _____ | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln | |
| b. CITY (If outside corporate limits, write RURAL and give township) St Louis | | c. LENGTH OF STAY (in this place) 3 Wks | c. CITY OR TOWN Troy |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| | | STREET ADDRESS (If rural, give location) No Street Address | |

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|-------------------------------------|------------------------|----------------------------|-----------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Edna | b. (Middle) K. Swan | c. (Last) Swan | 4. DATE OF DEATH (Month) (Day) (Year) June 5, 1955 |
|-------------------------------------|------------------------|----------------------------|-----------------------|--|

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|-------------------------|----------------------------------|--|--|--|---|---|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH April 2, 1880 | 9. AGE (In years last birthday) 75 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
|-------------------------|----------------------------------|--|--|--|---|---|

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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) Troy, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Henry W. Kemper | 13b. MOTHER'S MAIDEN NAME Elizabeth Winkler | 14. NAME OF HUSBAND OR WIFE William Swan |
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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 S. F. Kemper | ADDRESS Troy, Missouri |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 4 weeks |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxemia and Exhaustion | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Reticulum cell Lympho. DUE TO (c) Sarcoma of Thyroid Gland | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus. | | 8 wks. | |

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| 19a. DATE OF OPERATION 5-17-55 | 19b. MAJOR FINDINGS OF OPERATION Large Tumor of Thyroid with Pressure on Trachea and Esophagus | 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., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 2001 |
| 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? 2001 |

22. I hereby certify that I attended the deceased from **Jan. 28, 1955**, to **June 5, 1955**, that I last saw the deceased alive on **June 5, 1955**, and that death occurred at **8:10 A. m.**, from the causes and on the date stated above.

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|--|-------------------------|--|-----------------------------------|
| 23a. SIGNATURE Wm. D. Norton | (Degree or title) _____ | 23b. ADDRESS 634 No. Grand - St. Louis, Mo | 23c. DATE SIGNED 6-5-55 |
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|--|----------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 6/8/55 | 24c. NAME OF CEMETERY OR CREMATORY Troy Cemetary | 24d. LOCATION (City, town, or county) (State) Troy, Missouri |
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| DATE REC'D BY LOCAL REG. JUN 8 1955 | REGISTRAR'S SIGNATURE J. Carl Smith | 25. FUNERAL DIRECTOR'S SIGNATURE Kemper Funeral Home | ADDRESS Troy, Missouri. |
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(Licensed Embalmer's Statement on Reverse Side)

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

JUL 8 1957
JUL 30 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, ~~JEXBY~~, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Joseph J. Marshall
Licensed Embalmer No.. 3932.

P. O. Address Troy, Missou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.