

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024943

FILED AUG 1 1958

STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PLATTE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SMITHVILLE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>PLATTE CITY</u> <sup>0830</sup>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>SMITHVILLE COMMUNITY</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>R#1</u>
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>CLARENCE EARL SWAN</u>			4. DATE OF DEATH Month Day Year <u>July 19, 1958</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>5-31-1899</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>High Life Sales Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>LIBERTY, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>B.I. SWAN</u>		13b. MOTHER'S MAIDEN NAME <u>FLORA Shelton</u>		14. NAME OF HUSBAND OR WIFE <u>FRANCES SWAN</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>486-10-0772</u>	17. INFORMANT Address <u>MRS. FRANCES SWAN, PLATTE CITY</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pass myocardial infarction</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2-3 hrs</u>
Conditions, if any, which gave rise to above cause (c), stating the underlying cause last.		DUE TO (b) <u>ASULO</u>		
		DUE TO (c) <u>Rhelets mellitus</u> <u>260X</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Haemia - Hummelstil-Wilson syndrome</u>				19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from <u>1-1-58</u> to <u>7-19-58</u> and last saw him alive on <u>7-19-58</u> Death occurred at <u>10:05 P M</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Paul J. Vescevas M.D.</u>			22b. ADDRESS <u>Smithville, Mo</u>		22c. DATE SIGNED <u>7-19-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>7-22-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW Cem</u>		23d. LOCATION (City, town, or county) (State) <u>LIBERTY, Mo.</u>	
24. FUNERAL DIRECTOR <u>D.W. NEWCOMER'S SONS, No. K.C. Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7-21-58</u>		26. REGISTRAR'S SIGNATURE <u>Marguerite Hudgens</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

AUG 1 1958



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 *John Kalsbeek*

Licensed Embalmer No. *4949*  
P. O. Address *No. Kansas*

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.