

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021719

FILED JUN 17 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2563

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before death) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4437 Wayne		Length of stay in lb 14 yrs	d. STREET ADDRESS 4437 Wayne (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First QUENTIN Middle D. Last SWADLEY			4. DATE OF DEATH Month 5 Day 20 Year 59		
5. SEX Ma	6. COLOR OR RACE Wh	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-23-1912	9. AGE (In years at birthday) 46	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Dealer		10b. KIND OF BUSINESS OR INDUSTRY Appliance		11. BIRTHPLACE (City and state or country) Grand Prairie, Texas	
10c. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Floyd Swadley		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Virginia P. Swadley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or Unknown) (If Yes, give dates of service) Yes W.W.#2		16. SOCIAL SECURITY NO. 457-07-8691		17. INFORMANT Address Mrs. Virginia P. Swadley, 4437 Wayne	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary with DUE TO (b) Acute Myocardial Infarction DUE TO (c) Known Hypertension about 14 yrs.			INTERVAL BETWEEN ONSET AND DEATH Less than one hour
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Not related to the terminal disease condition given in PART I) 4201			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Death occurred at **10:15 P.M. 3/7/58** to **5/30/59** and last saw her/him alive on **5/19/59** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. J. Farnsworth MD (Degree or title)		22b. ADDRESS 1103 Grand K.C. Mo		22c. DATE SIGNED 5/22/59	
23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) Burial		23b. DATE 5-23-59		23c. NAME OF CEMETERY OR CREMATORY Memorial Park	
		23d. LOCATION (City, town, or county) Kansas City		(State) Mo	

24. FUNERAL DIRECTOR ADDRESS Wagner Funeral Home, K.C. Mo		25. DATE RECD. BY LOCAL REG. 5-22-59		26. REGISTRAR'S SIGNATURE Reva Minshall	
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All diseases in Part I must be causally related.

J. J. Farnsworth USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

11-2-3434

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 *Abrie R. Haenschel*

Licensed Embalmer No. *4159*

P. O. Address *19. 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.