

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036440

FILED VS. NOV 2 1959

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5047

STATE FILE NUMBER

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, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 35 years		c. CITY OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 7230 Pennsylvania Avenue			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Martha Seward Swenson				4. DATE OF DEATH Month Day Year October 18 1959			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married		8. DATE OF BIRTH Aug. 9 1924	9. AGE (last birthday) 35	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Kansas City Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John Groves Seward			13b. MOTHER'S MAIDEN NAME Sabina Rader		14. NAME OF HUSBAND OR WIFE Warren L. Swenson		
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. →	17. INFORMANT Warren L. Swenson Address 7230 Pennsylvania Avenue Kansas City Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral-Vascular Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) - Hypertension DUE TO (c) Cerebral vascular arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
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 a.m. p.m. Month, Day, Year	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 10/2/59 to 10/17/59 and last saw her alive on 10/17/59 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Clare L. Henry (Degree or title)			22b. ADDRESS W.D. Plaza Pickney Bldg		22c. DATE SIGNED 10/19/59 (State)		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/21/1959	23c. NAME OF CEMETERY OR CREMATORY Mount Washington Cemetery		23d. LOCATION (City, town, or county) Kansas City Missouri		
24. FUNERAL DIRECTOR ADDRESS D.W. Newcomers Sons 1331 Brush Creek Blvd.			25. DATE RECD. BY LOCAL REG. 10-20-59	26. REGISTRAR'S SIGNATURE Neva Marshall			
Kansas City Missouri							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Clare L. Henry

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 _____

Vern Lawler

Licensed Embalmer No. 4915

P. O. Address K. B. Moore

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.