

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015662

FILED VS MAY 16 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2242

STATE FILE NUMBER

ENDED

|  |   |   |  |  |  |  |   |
|--|---|---|--|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |   |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b> |  |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>  |   | Length of stay in 1b<br><b>1 week</b>   |  | c. CITY OR TOWN <b>Mission</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>  |   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location)<br><b>6150 W. 61st</b>   |  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>ADNA</b> Middle <b>G.</b> Last <b>SWICKARD</b>  |   |   | 4. DATE OF DEATH<br>Month <b>April</b> Day <b>21</b> Year <b>1960</b>                |  |  |  |   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>7-9-1902</b>  | 9. AGE (last birthday)<br><b>57</b>                                  | IF UNDER 1 YEAR<br>Months Days Hours Min.  | IF UNDER 24 HR  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Conductor</b>  |   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Railroad</b>                                 |  | 11. BIRTHPLACE (City and state or country)<br><b>Wheaton, Kansas</b> |  | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |
| 13a. FATHER'S NAME<br><b>Charles Swickard</b>  |   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Carrie Ingalsbe</b>                                  |  |  | 14. NAME OF HUSBAND OR WIFE<br><b>Edith R. Swickard</b>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) <b>no</b>   |   |   | 16. SOCIAL SECURITY NO.<br><b>712-03-2030</b>  |  | 17. INFORMANT<br>Address <b>Mrs. Edith R. Swickard Mission, Mo.</b>  |  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Carcinomatosis</b><br>DUE TO (b) <b>Carcinoma rectum resected</b><br>DUE TO (c)<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 1/2 yrs</b>                                  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input 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<br>Hour Month, Day, Year<br>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 <b>2-1-60</b> to <b>4-21-60</b> and last saw him alive on <b>4-21-60</b><br>Death occurred at <b>8:45 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.   |   |   |  |  |  |  |   |
| 22a. SIGNATURE<br><i>Shawnee</i> (Signed on file)  |   |   | 22b. ADDRESS<br><b>906 Grand KC Mo</b>   |  |  |  | 22c. DATE SIGNED<br><b>4-21-60</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  |   | 23b. DATE<br><b>4-21-1960</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Onaga Cemetery</b>                          |  | 23d. LOCATION (City, town, or county)<br><b>Onaga, Kansas</b>        |  | (State)   |
| 24. FUNERAL DIRECTOR<br><b>E. Paul Amos</b>  |   |   | ADDRESS<br><b>Shawnee, Ks.</b>   |  | 25. DATE RECD. BY LOCAL REG.<br><b>4-21-60</b>                       | 26. REGISTRAR'S SIGNATURE<br><i>Neva Minchell</i>  |   |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Graves

**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 Eugene P. Amos  
Eugene P. Amos

Licensed Embalmer No. 5023

P. O. Address Shawnee, 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.