

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-023430

FILED VS. JUL 13 1960 149

Primary Registration District No. 1002

Registrar's No. 3403

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Jackson</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Length of stay in 1b <i>35 yrs</i>	c. CITY OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Gladstone Nur. Home</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>435 S. Gladstone</i>		
3. NAME OF DECEASED (Type or print) First <i>MAUDIE</i> Middle <i>E</i> Last <i>SWARTZ</i>			4. DATE OF DEATH Month <i>6</i> Day <i>27</i> Year <i>60</i>			
5. SEX <i>Fe</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>7-28-1881</i>	9. AGE (last birthday) <i>78</i>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Bookbinder</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>unk</i>	11. BIRTHPLACE (City and state or country) <i>unk</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13a. FATHER'S NAME <i>unk</i>		13b. MOTHER'S MAIDEN NAME <i>unk</i>		14. NAME OF HUSBAND OR WIFE <i>unk</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>495-10-2988</i>	17. INFORMANT <i>Mrs. P. Prety</i>		Address <i>Kc Mo</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic Heart Disease</i>					INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)			DUE TO (c)	
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 _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <i>August H. Owens</i>			22b. ADDRESS <i>1034 Rialto Bldg</i>		22c. DATE SIGNED <i>6-28-60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>6-29-1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Spring Hill Cem.</i>	23d. LOCATION (City, town, or county) <i>Spring Hill, Kans.</i>		(State)	
24. FUNERAL DIRECTOR <i>Lucretia Brown</i>		ADDRESS <i>KC Mo</i>	25. DATE RECD. BY LOCAL REG. <i>6-28-60</i>	26. REGISTRAR'S SIGNATURE <i>neva minshall</i>		

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF HIGH OWEBS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *A. C. Pasantino*

Licensed Embalmer No. 4554

P. O. Address KC MO

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