

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30608

State File No. ....

FILED OCT 8 1949

4021

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannover</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>INDEPENDENCE</u>	
c. LENGTH OF STAY (In this place) <u>15 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>2415 STERLING</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Devine Bros. Foundation Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jacob</u> b. (Middle) <u>A.</u> c. (Last) <u>Swoboda.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 18<sup>th</sup> 1949</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>2-6-1875</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Mln.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>WATKINS PRODUCTS</u>	11. BIRTHPLACE (State or foreign country) <u>INDIANA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>ANTON SWOBODA</u>	13b. MOTHER'S MAIDEN NAME <u>ROSA GARTHART</u>	14. NAME OF HUSBAND OR WIFE <u>LOUISE SWOBODA</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>513-09-1205</u>	17. INFORMANT'S SIGNATURE OR NAME <u>JAMES SWOBODA, MILWAUKEE, WI</u>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxic Coma (Toxic)</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Hepatic Insufficiency</u> DUE TO (c) <u>Chronic Postel Cirrhosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 8-27, 1949, to 9-18, 1949, that I last saw the deceased alive on 9-18, 1949, and that death occurred at 7:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>G. M. Jaquiss</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>918 Oak K.C. Mo.</u>	23c. DATE SIGNED <u>9-19-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>9-20-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>LEAVENWORTH, KANS.</u>
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DATE REC'D BY LOCAL REG. <u>9-19-49</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>F. A. Reising</u>	ADDRESS <u>R. C. KANS.</u>
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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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....

*George A. Reising*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4468*

P. O. Address *Ransom City, Pa.*

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 this body is not embalmed, fact should be so stated above.