

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25325

6721

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas				b. COUNTY Labette	
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Parsons		8150			
d. FULL NAME OF HOSPITAL OR INSTITUTION Frisco Employees Hospital				d. STREET ADDRESS (If rural, give location) 1618 Morton				8	
3. NAME OF DECEASED (Type or Print) a. (First) Leslie			b. (Middle) S.		c. (Last) Swafford		4. DATE OF DEATH (Month) (Day) (Year) Aug. 5, 1950		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 26, 1908		9. AGE (In years last birthday) 41 IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section Laborer			10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Willow Springs, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Manuel Swafford			13b. MOTHER'S MAIDEN NAME Eva Burks			14. NAME OF HUSBAND OR WIFE Rachel			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes-Reg. Army Peacetime			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rachel Swafford, 1618 Morton, Parsons, Mo.				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Carcinoma - primary in Transverse with generalized metastases. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH Known 5-4-50	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 6-6-50. Inoperable Carcinoma metastases in liver -						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)					
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? 157X					
22. I hereby certify that I attended the deceased from 5-4-1950, to 8-3-1950, that I last saw the deceased alive on Aug 5, 1950, and that death occurred at 10:30 p.m., from the causes and on the date stated above.									
23a. SIGNATURE Norman C. Williams				23b. ADDRESS 3610-16 S. Broadway		23c. DATE SIGNED 8-5-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 8-6-50		24c. NAME OF CEMETERY OR CREMATORY Parsons, Kansas		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. AUG 7 1950		REGISTRAR'S SIGNATURE J. B. Hunter			25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington Blvd.		

(Licensed Embalmer's Statement on Reverse Side)

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

12
AUG 17 1951
APR 17 1951

JAN 4 1951

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

Student Embalmer

Signed *Elmer R. Sadwell*

Licensed Embalmer No. *4079*

P. O. Address

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.