

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12837
State File No.
Registrar's No. **1664**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City, Mo.	
c. LENGTH OF STAY (in this place) 64 yrs		d. STREET ADDRESS (If rural, give location) 1520 East 29th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1520 East 29th Street			

3. NAME OF DECEASED (Type or Print) a. (First) Samuel b. (Middle) D. c. (Last) SWAIN			4. DATE OF DEATH (Month) (Day) (Year) April 15, 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-9-1865	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 85
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tinner Foreman Retired		10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. R.R.	11. BIRTHPLACE (State or foreign country) Worthington, Ohio	12. CITIZEN OF WHAT COUNTRY? U S	

13a. FATHER'S NAME EMMETT SWAIN		13b. MOTHER'S MAIDEN NAME AMANDA DAVIS		14. NAME OF HUSBAND OR WIFE Hazel T. Swain	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 489-24-3638A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Hazel T. Swain Kansas City, 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, ashenia, 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) Deverolized Carcinomatosis		5 mos
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malignant melanoma of left toe DUE TO (c)		2 1/2 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		191X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1951, to April 15, 1951, that I last saw the deceased alive on April 15, 1951, and that death occurred at 9:20A m., from the causes and on the date stated above.

23a. SIGNATURE Donald J. Smith, M.D.		23b. ADDRESS 1002 Argyle Bldg. K.P. Mo.	23c. DATE SIGNED 4/15/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-17-51	24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 4-16-51	REGISTRAR'S SIGNATURE Seraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody McGilley-Eylar Kansas City, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Glen E. Heck

Licensed Embalmer No.

4063

P. O. Address.....

Kansas City, Mo.

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.