

FILED FEB 28 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

5393

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>75</u>					
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) <u>Independence</u>		c. LENGTH OF STAY (in this place) <u>9 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		<u>3758</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Independence Sanitarium</u>				d. STREET ADDRESS (If rural, give location) <u>5133 Forest Avenue</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Julian</u>			b. (Middle)		c. (Last) <u>SWENDROWSKI</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 16, 1952</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 1872</u>		9. AGE (In years last birthday) <u>79</u>		<input type="checkbox"/> UNDER 1 YEAR <input type="checkbox"/> UNDER 1 MONTH <input type="checkbox"/> UNDER 1 HOUR <input type="checkbox"/> UNDER 1 MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Coal Miner</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Poland</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Joseph Swendrowski</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Sawracki</u>			14. NAME OF HUSBAND OR WIFE <u>Cecelia Swendrowski</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>511-03-4994</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. W. D. Hurley</u>				ADDRESS <u>5133 Forest, K. C., Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary emphysema and arteriosclerotic cardiovascular disease</u>						INTERVAL BETWEEN ONSET AND DEATH <u>years</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.									
		DUE TO (b) _____									
		DUE TO (c) _____									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>						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) (Min.)		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 <u>2/14, 1952</u> , to <u>2/15, 1952</u> , that I last saw the deceased alive on <u>2/15, 1952</u> , and that death occurred at <u>4:30 A. M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Vance E. Lusk, M.D.</u>				23b. ADDRESS <u>Independence, Mo.</u>		23c. DATE SIGNED <u>2/16/52</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2-19-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>Leavenworth, Kansas</u>					
DATE REC'D BY LOCAL REG. <u>2-18-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Mellody-McGilley-Eylar, Kansas City, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

0485
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JAN 27 1929

Dr. Link
1st Dist. Pl. Bg.
129 W. Lafayette

2 PM

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Glen E. Beck

Signed

Student Embalmer

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.