

FILED JUL 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. SCHWARTZ
State File No. 20180

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 644

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE c. CITY OR TOWN SPRINGFIELD	
b. CITY OR TOWN SPRINGFIELD		c. LENGTH OF STAY (In this place) LIFE	
d. FULL NAME OF HOSPITAL OR INSTITUTION BURGE HOSP.		d. STREET ADDRESS (If rural, give location) 1925 ROANOKE	
3. NAME OF DECEASED (Type or Print) a. (First) THERESA b. (Middle) KAY c. (Last) SWANSON			4. DATE OF DEATH (Month) (Day) (Year) June 29, 1952
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH MAY 22, 1951
9. AGE (In years last birthday) 1		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT	11. BIRTHPLACE (State or foreign country) ST. JOSEPH, MISSOURI
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME THOMAS F. SWANSON		13b. MOTHER'S MAIDEN NAME LAUNA G. GROSS	14. NAME OF HUSBAND OR WIFE X
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give unknown) (If yes, give NO) NO		16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME ADDRESS THOMAS F. SWANSON SPRINGFIELD, MO.
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) accidental Poisoning		INTERVAL BETWEEN ONSET AND DEATH 16 hours	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		1650 mg. Pyribenzamine	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		DUE TO (b) _____	
		DUE TO (c) _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION E8740	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		133 14	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Springfield Greene Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 28, 1952 10a.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR Accidental-Swallowed tablets	
22. I hereby certify that I attended the deceased from 6-29-52 , 19____, to 6-30-52 , 19____, that I last saw the deceased alive on 6-30-52 , 19____, and that death occurred at 1:30 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE E.J. Schwartz M.D. (Degree or title)		23b. ADDRESS 609 Cherry, Springfield Mo.	23c. DATE SIGNED 6-30-52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7/1/52	24c. NAME OF CEMETERY OR CREMATORY CALVARY	24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.
DATE REC'D BY LOCAL REG. 7-1-52	REGISTRAR'S SIGNATURE Edith Williamson Registrar	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.H. LOHMEYER SPRINGFIELD, MO.	

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

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JUL 11 1952

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.....

Walter E. Hameth

Signed.....

Student Embalmer

Licensed Embalmer No. *3808*

P. O. Address *Springfield 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.