

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35236

State File No. 4401
Registrar's No. 4401

FILED OCT 25 1952

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

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
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 OR TOWN <u>Kansas City</u>)		c. LENGTH OF STAY (in this place) <u>60 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Hazelwood Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>3832 Euclid</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>		b. (Middle) <u>Powell</u>		c. (Last) <u>Swift</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 7 1952</u>	
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>January 9, 1865</u>	
9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hour _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired letter carrier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Govt.</u>		11. BIRTHPLACE (State or foreign country) <u>Aurora, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Andrew Swift</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Powell</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Anna</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>xx</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ruth Mac Lachlan 3834 Euclid.</u>			
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) <u>Arteriosclerotic heart disease with coronary occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES (b) <u>Generalized arteriosclerosis</u>							
MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. (c) <u>subarachnoid hemorrhage - old</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"/>			
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>5-11 19 52</u> , to <u>10-7 19 52</u> , that I last saw the deceased alive on <u>10-7 19 52</u> , and that death occurred at <u>8:05 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. W. Dodson, M.D.</u> (Degree or title)				23b. ADDRESS <u>1016 Professional Building</u>		23c. DATE SIGNED <u>10-9-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>10/10/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cmtry.</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson County Missouri</u>	
DATE REC'D BY LOCAL REG. <u>10-9-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BENTLEY MORTUARY</u>		ADDRESS <u>5811 Troost K.C.Mo.</u>	

Dr. Dodson (Dr. Leitch's office)
1109 Professional Bldg.
Vi. 1109

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

Grey Beffington

Licensed Embalmer No. *2756*

P. O. Address *V. C. 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.