

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37791**

117

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1294**

1. PLACE OF DEATH
a. COUNTY **Buchanan**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE **Kansas** b. COUNTY **Doniphan**

b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place)
St. Joseph **3 days**

c. CITY (If outside corporate limits, write RURAL and give township)
Wathena **8154**

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **Missouri Methodist Hospital**

d. STREET ADDRESS (If rural, give location) **----**

3. NAME OF DECEASED
a. (First) **Paul** b. (Middle) **Tegner** c. (Last) **Swenson**

4. DATE OF DEATH (Month) (Day) (Year) **November 30, 1952**

5. SEX **Male** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) **Married**

8. DATE OF BIRTH **October 11, 1896** **9. AGE** (In years last birthday) **56**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Ret. U.S. Army Officer.** **10b. KIND OF BUSINESS OR INDUSTRY** **----**

11. BIRTHPLACE (State or foreign country) **St. Joseph, Missouri.** **12. CITIZEN OF WHAT COUNTRY?** **USA**

13a. FATHER'S NAME **Peter Swenson** **13b. MOTHER'S MAIDEN NAME** **Cora Newlon** **14. NAME OF HUSBAND OR WIFE** **Freda Swenson**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **Yes** (If yes, give year or date of service) **WWs #1 and 2.** **16. SOCIAL SECURITY NO.** **None** **17. INFORMANT'S SIGNATURE OR NAME** **Mrs. Freda Swenson** **ADDRESS** **Wathena, Ks.**

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) **Pulmonary edema**

ANTECEDENT CAUSES
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.
DUE TO (b) **Left ventricular heart failure**
Rheumatic heart disease with aortic stenosis
DUE TO (c) **stenosis**

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
48 hours
48 hours
Several years

19a. DATE OF OPERATION **19b. MAJOR FINDINGS OF OPERATION** **411 X** **20. AUTOPSY?** YES NO

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) **21e. INJURY OCCURRED** WHILE AT WORK NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from **11-28**, 19**52**, to **11-30**, 19**52**, that I last saw the deceased alive on **11-30**, 19**52**, and that death occurred at **5:45** **PM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Lucien H. Ide M.D.** **23b. ADDRESS** **902 Edwards St. Joseph, Mo.** **23c. DATE SIGNED** **12-4-52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **24b. DATE** **Dec. 2, 1952** **24c. NAME OF CEMETERY OR CREMATORY** **Memorial Park Cemetery** **24d. LOCATION** (City, town, or county) (State) **St. Joseph, Missouri.**

DATE REC'D BY LOCAL REG. **Dec 11, 1952** **REGISTRAR'S SIGNATURE** **Carl C. Casper** **25. FUNERAL DIRECTOR'S SIGNATURE** **Meierhoff, Fleaman Funeral Home, Inc.** **ADDRESS** **St. Joseph, Mo.**

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

DEC 6 1952

FEB 16 1953

FEB 15 1953

SEP 30 1954

SEP 18 1954

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 Raymond W. Morehead

Licensed Embalmer No. 4415 Missouri

P. O. Address St. Joseph, 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.