

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1745

State File No.

FILED FEB 6 1953

BIRTH NO. ...

REG. DIST. NO. 146

PRIMARY REG. DIST. NO. 3026

Registrar's No. 39

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 OR TOWN INDEPENDENCE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 3128	
c. LENGTH OF STAY (In this place) 35 YEARS		d. STREET ADDRESS (If rural, give location) 920 WYANDOTTE STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION INDEPENDENCE SANITARIUM			

3. NAME OF DECEASED (Type or Print) LEMUEL	a. (First)	b. (Middle)	c. (Last) SWARTZ	4. DATE OF DEATH JAN. 23. 1953	(Month) (Day) (Year)
---	------------	-------------	-------------------------	---------------------------------------	----------------------

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH FEB-6-1869	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	---	------------------------------------	---	-----------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MEAT CUTTER	10b. KIND OF BUSINESS OR INDUSTRY LUTZ MEAT CO.	11. BIRTHPLACE (City and State or Foreign Country) BRISTOL INDIANA	12. CITIZEN OF WHAT COUNTRY? U. S. A.
--	--	---	--

13a. FATHER'S NAME DAVID SWARTZ	13b. MOTHER'S MAIDEN NAME NANCY DANNER	14. NAME OF HUSBAND OR WIFE Mrs. MINA SWARTZ
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 493-14-9137	17. INFORMANT'S SIGNATURE OR NAME Miss Edna Swartz	ADDRESS 1950 SE 87th St. K.C. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis		INTERVAL BETWEEN ONSET AND DEATH 1 yr	
	ANTECEDENT CAUSES Abundant conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Heart Block			2 months
	DUE TO (c) Aneurysm of Aorta			2 months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Unreined			2 months	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	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)	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 1/15, 1953, to 1/23, 1953, that I last saw the deceased alive on 1/23, 1953, and that death occurred at 11:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE Edna Swartz	(Degree or Title)	23b. ADDRESS 10229 Judgda (K.C. 3-K)	23c. DATE SIGNED 1/24/53
-----------------------------------	-------------------	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN 24 1953	24c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
---	------------------------------	---	---

DATE REC'D BY LOCAL REG. 1-23-53	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE D.N. Newcomer's Sons	ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.
---	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

7505 ✓

