

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10121**

FILED **MAR 27 1953**

BIRTH NO. **9199** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1360**

1. PLACE OF DEATH a. COUNTY Jackson Co.			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clay		
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 30 Days	c. CITY (If outside corporate limits, write RURAL and give township) North Kansas City		6001
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital			d. STREET ADDRESS (If rural, give location) 515 East 31st St.		

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) BRUCE c. (Last) SWINDLE, Jr.			4. DATE OF DEATH (Month) (Day) (Year) MARCH 4-1953		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Feb 2, 1953		9. AGE, (In years last birthday) 1	IF UNDER 1 YEAR 0	IF UNDER 1 MONTH 0	IF UNDER 1 MIN. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant		11. BIRTHPLACE (City and State or Foreign Country) Kans. City, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME William B. Swindle, Sr.		13b. MOTHER'S MAIDEN NAME Virginia Dysort		14. NAME OF HUSBAND OR WIFE None	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME W.B. Swindle, Sr. N.H.C. Mo		ADDRESS N.H.C. Mo	
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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.			MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subarachnoid Hemorrhage			DUE TO (b) Cerebellar Degeneration				8 hr	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			DUE TO (c) Birth Trauma				4 weeks	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **Mar 4**, 19**53** to **Mar 4**, 19**53** that I last saw the deceased alive on **Mar 4**, 19**53**, and that death occurred at **10:02 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Bailey C. Andrus (Degree or title)		23b. ADDRESS 17-D.O 315 Nichols Road		23c. DATE SIGNED 3/6/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-6-1953		24c. NAME OF CEMETERY OR CREMATORY Floral Hills Memorial Gardens		24d. LOCATION (City, town, or county) (State) Trans. City Mo.	
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DATE REC'D BY LOCAL REG. 3-6-53		REGISTRAR'S SIGNATURE Deraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE Floral Hills Memorial Chappels, K.C. Mo.		ADDRESS Floral Hills Memorial Chappels - N.C. Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. B. Andrews
Phygen Med Bldg.
1 P. M.

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 William E. Greer

Licensed Embalmer No. 4733

P. O. Address K.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.