V.S. No. 300
Rev. 10.48

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

FILED JUN 2 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17019

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 5104 Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY Benton 0080
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Racket Town
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City 3008
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Roy b. (Middle) R c. (Last) SWALLOW

4. DATE OF DEATH (Month) (Day) (Year) MAY 25, 1953

5. SEX MALE
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH NOV 24, 1890
9. AGE (In years last birthday) 62 IF UNDER 1 YEAR Months 5 Days 28 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret Stationary Engineer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Otoe Co. Neb.
12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME Joseph Swallows
13b. MOTHER'S MAIDEN NAME Alice Seriger
14. NAME OF HUSBAND OR WIFE Hazel L. Swallow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) X
16. SOCIAL SECURITY NO. 490-16-8697
17. INFORMANT'S SIGNATURE OR NAME Mrs Hazel L. Swallow
ADDRESS Racket, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemmorhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 2-3 yr
DUE TO (c) Atherosclerosis — 10 yr

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 331X
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) m.
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 never, 1953, to never, 19____, that I last saw the deceased alive on never, 19____, and that death occurred at 11:30 P m., from the causes and on the date stated above.

23a. SIGNATURE Harold B. Waikerle D.O. (Degree or title)
23b. ADDRESS Cole Camp Mo
23c. DATE SIGNED 6/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5/29/1953
24c. NAME OF CEMETERY OR CREMATORY Mt Moriah
24d. LOCATION (City, town, or county) Kansas City (State) Mo

DATE REC'D BY LOCAL REG. May 26 1953
REGISTRAR'S SIGNATURE Jas. A. Logan
25. FUNERAL DIRECTOR'S SIGNATURE John F Rose
ADDRESS Warsaw

(Licensed Embalmer's Statement on Reverse Side)

JUL 22 1953

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 Jack Olsen

Licensed Embalmer No. 4643

P. O. Address Warsaw, 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.