S. No. 300
Rev. 10-48

FILED JUN 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21759

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2788

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

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 13 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LUKE'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 2849 RAYTOWN ROAD

3. NAME OF DECEASED (Type or Print)
a. (First): WALTER
b. (Middle): GEORGE
c. (Last): SWEARNGIN

4. DATE OF DEATH (Month) (Day) (Year): MAY - 31 - 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: JAN. 22, 1904
9. AGE (In years last birthday): 49 — 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): DRIVER
10b. KIND OF BUSINESS OR INDUSTRY: TRANSPORT TRUCK
11. BIRTHPLACE (City and State or Foreign Country): CASS COUNTY, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: GEORGE SWEARNGIN
13b. MOTHER'S MAIDEN NAME: SARAH J. MARTIN
14. NAME OF ~~HUSBAND OR~~ WIFE: OPAL SWEARNGIN

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.: 495-05-9653
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: MRS OPAL SWEARNGIN, 2849 RAYTOWN RD. KANSAS CITY, 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): CARCINAMATOSIS — INTERVAL BETWEEN ONSET AND DEATH: 6 WEEKS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): BRONCHOGENIC CARCINOMA — Months?
DUE TO (c):

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

162X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* 5/6, 1953, *to* 5/31, 1953, *that I last saw the deceased alive on* 5/30, 1953, *and that death occurred at* 3:40A *m., from the causes and on the date stated above.*

23a. SIGNATURE P. L. Byers (Degree or title): P. L. Byers M.D.
23b. ADDRESS: 4635 Wyandotte, K.C. 2 Mo.
23c. DATE SIGNED: 6/1/53.

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JUNE 2, 1953
24c. NAME OF CEMETERY OR ~~CREMATORY~~: LINCOLN CEMETERY
24d. LOCATION (City, town, or county) (State): LINCOLN MISSOURI

DATE REC'D BY LOCAL REG.: 6-2-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: D. H. Newcomers Sons, Kansas City, Mo. 1331 BRUSH CREEK

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embaln

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..Robert E Herron.....

Licensed Embalmer No..484

P. O. Address...K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.