

FILED APR 2 1954

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **11525**

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 463

1. PLACE OF DEATH a. COUNTY <u>Clay</u> <u>Excelsior Springs, Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Excelsior Springs, Mo.</u>		c. CITY OR TOWN <u>Kansas City 24</u>	
c. LENGTH OF STAY (in this place) <u>7 days</u>		Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mitchell Clinic Hospital</u>			
e. STREET ADDRESS (If rural, give location) <u>322 S Van Brunt Blvd. 3078</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mrs. Sarah</u> b. (Middle) _____ c. (Last) <u>Spaeth Swan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 1 1954</u>	
5. SEX <u>fem</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>2-28-1884</u>
9a. AGE (In years last birthday) <u>70</u>		9b. IF UNDER 1 YEAR Months _____ Days _____	9c. IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>FLOWERTOWN, PENN.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>Chas. NEAL</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Amer</u>		14. NAME OF HUSBAND OR WIFE <u>Frank M. Swan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank M. Swan 322 S. Van Brunt</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of the rectum</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 years</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____			
		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>					

19a. DATE OF OPERATION <u>1951</u>		19b. MAJOR FINDINGS OF OPERATION <u>Inoperable Cancer of the rectum</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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 Aug. 22, 1953, to April 1, 1954, that I last saw the deceased alive on March 31, 1954, and that death occurred at 8:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Kurt K. Parrhysius, M.D.</u> (Type or Print)		23b. ADDRESS <u>Suite 427-29, Royal Hotel, Excelsior Springs, Mo.</u>		23c. DATE SIGNED <u>4-1-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-1-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>unknown</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C.N. Blackman & Son</u>		ADDRESS <u>N.C.M.</u>	
DATE REC'D BY LOCAL REG. <u>4/1/54</u>		REGISTRAR'S SIGNATURE <u>Baroline Hatching</u>			

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

AUG 31 1954

AUG 1 6 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.....
Signature of Student Embalmer

Signed *Lert B. Penne*

Licensed Embalmer No. *465*

P. O. Address *Kansas*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.