

FILED AUG 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH23171
State File No. 3044
Registrar's No.

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3044	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Jefferson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 8 MO. 0K		c. CITY OR TOWN Wheeling		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 303 No. BELLAIRE				e. STREET ADDRESS (If rural, give location) RURAL 0590			
3. NAME OF DECEASED (Type or Print) a. (First) EFFIE			b. (Middle)		c. (Last) SWITZER		4. DATE OF DEATH (Month) (Day) (Year) JULY 2 1954
5. SEX FEM	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH June 2, 1880		9. AGE (In years last birthday) 74 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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Hayesville MO.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Paul			13b. MOTHER'S MAIDEN NAME MARINA Downs		14. NAME OF HUSBAND OR WIFE FRANK SWITZER (Dec)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS EDITH SHAFER 303 No. BELLAIRE			
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) Heat Stroke & Heart Ect. Artery ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arthritis Deforum 10 yrs. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nutritional Deficiency 10 yrs.				INTERVAL BETWEEN ONSET AND DEATH 10 30 F	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 April 10, 1945, to July 1, 1954, that I last saw the deceased alive on July 1, 1954, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Harold A. Pallett (Degree or title) Harold A. Pallett M.D.				23b. ADDRESS 1132 Prater Blvd. KC.		23c. DATE SIGNED 7/2/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE July 4, 1954		24c. NAME OF CEMETERY OR CREMATORY Wheeling Cem.		24d. LOCATION (City, town, or county) (State) Wheeling MO.	
DATE REC'D BY LOCAL REG. 7-2-54		REGISTRAR'S SIGNATURE Seraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE John P. Sheil		ADDRESS K.C. MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Thomas A. Shiel*.....

Licensed Embalmer No. *495*.....

P. O. Address *X.C. 216*.....

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.