

No. 300
10.48

FILED JAN 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41250**
5878
Registrar's No.

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>14 days</u>	c. CITY OR TOWN <u>Rayville</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Veterans Administration Hospital</u>		STREET ADDRESS (If rural, give location) <u>Route #2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Don</u> b. (Middle) <u>Den</u> c. (Last) <u>(NMI) SWAGGER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>December 21 1954</u>
--	--

5. SEX <u>M</u>	6. COLOR OR RACE <u>D W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6-4-87</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
-----------------	-----------------------------	--	--------------------------------	---	------------------------	----------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coal miner</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Lingo, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	-----------------------------------	--	--

13a. FATHER'S NAME <u>John Swagger</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Conklin</u>	14. NAME OF HUSBAND OR WIFE <u>Mattie Swagger</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WW1</u>	16. SOCIAL SECURITY NO. <u>unk</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Official VA Hospital Records</u>	ADDRESS
--	------------------------------------	--	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho Pneumonia left upper lobe and right lower lobe</u>		<u>1 Wk</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Aneurysm of thoracic aorta</u>		<u>3 Mo</u>
DUE TO (c) <u>Generalized Arteriosclerosis</u>		<u>5 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>451X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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 12-7-54, 1954, to 12-21, 1954, and that death occurred at 6:25P m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. E. Burger, M.D.</u> (Degree or title)	23b. ADDRESS <u>VA Hospital, K. C. Mo.</u>	23c. DATE SIGNED <u>12-22-54</u>
--	---	-------------------------------------

24a. BURIAL, CREMATION, OR REMOVAL (Specify)	24b. DATE <u>DEC 27, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MARCELINE, Mo. CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>EXCELSIOR SPRINGS, Mo.</u>
--	----------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>12-24-54</u>	REGISTRAR'S SIGNATURE <u>New Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. NEWSOMER'S SONS</u>	ADDRESS <u>K. C. Mo.</u>
---	--	--	-----------------------------

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

1/12/55

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 *Rollie Kessel*

Licensed Embalmer No. *469*

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

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (To comply with the above constituted 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.