

FILED JUN 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18991

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 2227
1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE California b. COUNTY San Diego		
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 9 days	c. CITY OR TOWN San Diego	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital		STREET ADDRESS (If rural, give location) RFD #5 896 Abion 8048		
3. NAME OF DECEASED (Type or Print) JOSEPH		a. (First) E.	b. (Middle) SWETT	c. (Last) SWETT
4. DATE OF DEATH (Month) (Day) (Year) May 20 55				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 3, 1909	9. AGE (In years last birthday) 46 IF UNDER 1 YEAR: Months 1 Days 1 Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Telephone Technician		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Iowa 1	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Ora M. Swett		13b. MOTHER'S MAIDEN NAME Mable Benadom		14. NAME OF HUSBAND OR WIFE Dorothy Swett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W. W. II		16. SOCIAL SECURITY NO. unk.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dorothy Swett San Diego, Calif.
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) Chremia ANTECEDENT CAUSES acute and chronic glomerulo nephritis in congenitally Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) nephritis in congenitally DUE TO (c) abnormal kidneys II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 3 7573
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) m.		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 May 11, 1955 , to May 20, 1955 , that I last saw the deceased alive on May 20, 1955 , and that death occurred at 10:45 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE E. G. Kettner E. G. Kettner		(Degree or title) M.D.		23b. ADDRESS Kansas City, Mo
23c. DATE SIGNED 5/21/55				
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 22, 1955	24c. NAME OF CEMETERY OR CREMATORY Rose Crans	24d. LOCATION (City, town, or county) (State) San Diego, California
DATE REC'D BY LOCAL REG. 5-23-55		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stine & McClure Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

10. 300
10. 48

Mr. Robert C. Favis
Prof BLDG.
G.P. 7892

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 *Elmer D. Tjebk*.....

Licensed Embalmer No. *481*

P. O. Address *Kansas City*

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.