

FILED DEC 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40915**
5380

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>KANSAS</u> b. COUNTY <u>JOHNSON</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>KANSAS City</u>		c. CITY OR TOWN <u>KANSAS City</u>	
c. LENGTH OF STAY (in this place) <u>12 days</u>		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 <u>St. Mary's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>5039 BUENA VISTA DRIVE</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>O.</u> c. (Last) <u>SWANSON JR.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 8, 1955</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>JAN. 4 - 1898</u>		9. AGE (In years last birthday) <u>57</u>		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) <u>ACCOUNTANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Southwestern Bell Telephone Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>TOPEKA, KANSAS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>WILLIAM O. SWANSON JR.</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA GILL</u>		14. NAME OF HUSBAND OR WIFE <u>ALMEDA SWANSON</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-03-7754</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. ALMEDA SWANSON</u> ADDRESS <u>5039 BUENA VISTA DRIVE, RAILROAD PARK, MO.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Hypernephroma rt. with metastases</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypernephroma rt. with metastases</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo. +</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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>180h</u>	

19a. DATE OF OPERATION <u>6/20/55</u>		19b. MAJOR FINDINGS OF OPERATION <u>hypernephroma rt.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 6-14, 1955, to 12-8, 1955, that I last saw the deceased alive on 12-7, 1955, and that death occurred at 2:45A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. H. McVay M.D.</u> (Degree or title) <u>D.</u>		23b. ADDRESS <u>814 U.F.W. Bldg</u>		23c. DATE SIGNED <u>12-8-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC-10-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FLORAL HILLS CEMETERY</u>	
				24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	

DATE REC'D BY LOCAL REG. <u>12-10-55</u>		REGISTRAR'S SIGNATURE <u>neva munsell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. NEWCOMER'S SONS</u> ADDRESS <u>1361 S. Gayley Court KANSAS CITY, MO.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

WH.

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STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Hollie Fessel

Licensed Embalmer No. *462*

P. O. Address.....
K. C. M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.