

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5154**
640

FILED MAR 1 1956

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE KANSAS b. COUNTY Wyandotte	
b. CITY OR TOWN KANSAS CITY	c. LENGTH OF STAY (in this place) 6 months	c. CITY OR TOWN KANSAS CITY	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 VETERANS ADMINISTRATION HOSPITAL		e. STREET ADDRESS 1403 CENTRAL AVE	4158

3. NAME OF DECEASED (Type or Print)	a. (First) NICK	b. (Middle) CHARLES	c. (Last) SWITALA	4. DATE OF DEATH (Month) (Day) (Year) February 10, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH July 4, 1893	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Freight Handler	10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and State or Foreign Country) St. Paul, Minnesota	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joseph Switala	13b. MOTHER'S MAIDEN NAME Katherine Ferlas	14. NAME OF HUSBAND/OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes WWI	16. SOCIAL SECURITY NO. 515 09 5232	17. INFORMANT'S SIGNATURE OR NAME VA Hospital Official Records, K. C. Mo.	ADDRESS
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary metastases and congestion	ANTECEDENT CAUSES		181+
	DUE TO (b) Carcinoma of bladder		
	DUE TO (c) generalized metastases from carcinoma of bladder		
	*Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) VA m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from August 7, 1955, to February 10, 1956, ~~XXXXXXXXXXXXXXXXXXXX~~ and that death occurred at 9:09 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) EUGENE HWA, M.D.	23b. ADDRESS VA Hospital, Kansas City, Mo.	23c. DATE SIGNED 2/10/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-13-56	24c. NAME OF CEMETERY OR CREMATORY Mt Calvary	24d. LOCATION (City, town, or county) (State) Kansas City Kansas
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DATE REC'D BY LOCAL REG. 2-11-56	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE Jona Butters Sons	ADDRESS K.C.K.
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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
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....*Russell W. Deen*.....

Licensed Embalmer No. *3*

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

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING
to comply with the above constitute's 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.