

FILED MAY 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13520

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1629

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>Wyandotte</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>3 days</u>	c. CITY OR TOWN <u>Kansas City</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>Trinity Lutheran Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>1934 No. 15th St. 959</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Burrel</u> b. (Middle) <u>A.</u> c. (Last) <u>Swarthout</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-11-56</u>
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5. SEX <u>Male</u> 0	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 20, 1902</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mts. _____
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Building Contractor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Building Contractor</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Walter S. Swarthout</u>	13b. MOTHER'S MAIDEN NAME <u>Grace Hines</u>	14. NAME OF HUSBAND OR WIFE <u>Wife, Mrs. Georgia Swarthout</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) _____	16. SOCIAL SECURITY NO. <u>512-16-4024</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wife, Mrs. Georgia Swarthout, KC Kans</u>	ADDRESS _____
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Myeloma</u>		<u>1 1/2</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pneumonia</u> DUE TO (c) <u>Secondary</u>		<u>4 Day</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cachexia</u>		<u>303X</u>	

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) _____	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 April 8, 1956, to 4/11, 1956 that I last saw the deceased alive on 4/11, 1956, and that death occurred at 6 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. J. Farnsworth</u> (Degree or title) <u>D</u>	23b. ADDRESS <u>1103 Grand Ave KC Mo</u>	23c. DATE SIGNED <u>4/14/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-14-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chapel Hill Mem. Gardens, Kansas City, Kans</u>	24d. LOCATION (City, town, or county) (State) _____
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DATE REC'D BY LOCAL REG <u>4-14-56</u>	REGISTRAR'S SIGNATURE <u>Blair Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ralph A. Fulton, Kansas City, Kans.</u>
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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..... *Ralph Fulton*.....

Licensed Embalmer No. *303*

P. O. Address..... *HCK*.....

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.