

No. 300  
10-48

FILED MAY 23 1956.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16621

State File No. ....

1978

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1978</u>			
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>De Kalb</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>KANSAS CITY</u> )		c. LENGTH OF STAY (in this place) <u>12 HRS</u>		c. CITY OR TOWN <u>CAMERON</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 MARYS HOSP'</u>				e. STREET ADDRESS <u>107 103 E 6TH</u> 0321					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Guy</u>			b. (Middle)		c. (Last) <u>SWANK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5 6 56</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>April 24, 1899</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>60 57</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SECTION FOREMAN</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>R.R.</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>New Cambria, Mo</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>GIDEON H SWANK</u>			13b. MOTHER'S MAIDEN NAME <u>MAY Tarpenting</u>			14. NAME OF HUSBAND OR WIFE <u>HAZEL RUTH SWANK</u>			
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>107-09-6129</u>		17. INFORMANT'S SIGNATURE, OR NAME, ADDRESS <u>Albuquerque, NM</u> <u>CONVERTER OFFICE KCMO</u>				
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <u>Block &amp; Jumarlaps resulting from</u> <u>multiple rib fractures, left femoral frac.</u> DUE TO (b) <u>Ruptured liver, fracture of sternum</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						MEDICAL CERTIFICATION GUY L. SWANK, 311 1/2 YALONTEL BLDG ONSET AND DEATH	
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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, in factory, street, office bldg., etc.) <u>factory</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>near Cameron</u> (COUNTY) <u>De Kalb</u> (STATE) <u>MO</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5-5-56</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Truck car collision</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Guy L. Swank</u> (Degree or title) <u>3</u>					23b. ADDRESS <u>6627 Prashed St New</u>			23c. DATE SIGNED <u>5-6-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REM</u>		24b. DATE <u>5-7-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NEW CAMBRIA CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>CAMERON MO</u>			
DATE REC'D BY LOCAL REG. <u>5-6-56</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>SEBETO'S</u> ADDRESS <u>KCMO</u>				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Geo. C. Keaholter

*Changed  
Bible & marriage  
family*

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 *Jarrest D. Coldenon* .....

Licensed Embalmer No. *4719* .....

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

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.