

FILED JUL 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23998**
2814
Registrar's No.

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 MISSOURI b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give name of township) Kansas City	c. LENGTH OF STAY (In this place) 25 yrs.	c. CITY OR TOWN Kansas City	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 2215 Flora Conv. Home		e. STREET ADDRESS (If rural, give location) 2215 Flora	2220

3. NAME OF DECEASED (Type or Print) a. (First) Will	b. (Middle)	c. (Last) SWOFFORD	4. DATE OF DEATH (Month) (Day) (Year) 6 21 1956
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH NOV. 22, 1895	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Janitor	11. BIRTHPLACE (City and State Foreign Country) Melvin. Tenn.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Clay Swofford	13b. MOTHER'S MAIDEN NAME Sarah	14. NAME OF HUSBAND OR WIFE Arbell Horton Swofford
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Kelly Roy - Hartshorn, Okla	ADDRESS Hartshorn, Okla
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Hypertensive Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 4437
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Hypertension		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS. 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 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)	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 **May 19 56** to **6/21 56**, that I last saw the deceased alive on **6/20 56**, and that death occurred at **6:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE L. S. Daigle, M.D.	(Degree or title) D.	23b. ADDRESS 2122 Truman Rd / 26/56	23c. DATE SIGNED 6/26/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-13-56	24c. NAME OF CEMETERY OR CREMATORY Leeds Cem.	24d. LOCATION (City, town, or county) (State) W.C. no. city mortician
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DATE REC'D BY LOCAL REG. 6-27-56	REGISTRAR'S SIGNATURE neva minshall	25. FUNERAL DIRECTOR'S SIGNATURE Burns, Johnson & Jones	ADDRESS 1814 + Oak
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
L. S. Daigle

File 3-0874

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 *Lawrence A. Jones*

Licensed Embalmer No. 44

P. O. Address 2300 East
Kansas City 27

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.