

FILED AUG 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27171

Registrar's No. 3296

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3296	
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 OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 20 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 1209 Euclid Ave.				e. STREET ADDRESS (If rural, give location) 125 1209 Euclid Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) HUSTON		b. (Middle) VERNON		c. (Last) SWANN		4. DATE OF DEATH (Month) (Day) (Year) JULY 31 1956	
5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED, NEVER MARRIED		8. DATE OF BIRTH December 23 1898	
9. AGE (In years last birthday) 57		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) custodian		10b. KIND OF BUSINESS OR INDUSTRY hotel		11. BIRTHPLACE (City and State or Foreign Country) Hardin Missouri	
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME Vernon Swann		13b. MOTHER'S MAIDEN NAME Lucy Gordon		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 495-09-01140		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Maurine Oliver Madison 1743 W 47th St. Los Angeles Cal.			
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, asphemia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease 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. Chronic Adhesive Pleurisy.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 _____, 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 L.M. Tillman (Degree or title) Deputy Coroner				23b. ADDRESS 1618 Lydia Ave		23c. DATE SIGNED 8/2/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE August 4 1956		24c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn Cemetery Kansas City, Mo.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 8-4-56		REGISTRAR'S SIGNATURE New Minshall		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Adkins Funeral Home Kansas City, Mo.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
L.M. Tillman Deputy Coroner

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.....
C. Kenneth Reynolds

Licensed Embalmer No.....
4431

P. O. Address.....
New City

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.