Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAR 13 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 867

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) VETERANS ADM. HOSPITAL — Length of stay in lb 30 months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN RAYTOWN — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 9102 E. 61ST ST. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First BERT Middle)NMI) Last SWIFT JR.

4. DATE OF DEATH Month Day Year FEBRUARY-20-1957

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH July 26, 1923

9. AGE (In years last birthday) 33 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Staff Manager

10b. KIND OF BUSINESS OR INDUSTRY PRUDENTIAL Insurance Company

11. BIRTHPLACE (City and state or country) Ottawa, Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Bert Swift

14. MOTHER'S MAIDEN NAME Elsie Grace Gilmore

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWII

16. SOCIAL SECURITY NO. 488-22-1524

17. INFORMANT Address VA Hospital Official Records, K. C. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE Bronchopneumonia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial infarction

DUE TO (c) Cardiac arrest and massage

INTERVAL BETWEEN ONSET AND DEATH: E916D 16

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 3rd degree burns of legs and back

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) using fluid to start a charcoal fire

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year 11-4-56

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home

20f. CITY, TOWN, OR LOCATION Raytown, Jackson, Mo. COUNTY STATE

21. I attended the deceased from November 14, 1956 to February 20, 1957 and last saw him

Death occurred at 8:40 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L. G. AGEE, M.D. L. G. Agee M.D.

22b. ADDRESS VA Hospital, Kansas City, Mo.

22c. DATE SIGNED 2/21/57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE FEB-22-1957

23c. NAME OF CEMETERY OR CREMATORY MT. OLIVET CEMETERY

23d. LOCATION (City, town, or county) KANSAS CITY (State) MISSOURI

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS — ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.

25. DATE RECD. BY LOCAL REG. 2-22-57

26. REGISTRAR'S SIGNATURE neva minshall

(Licensed Embalmer's Statement on Reverse Side)

SEP 25 1958

APR 28 1957

MAY 3 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Chester K Brown

Licensed Embalmer No. 4 9

P. O. Address K e V

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.