

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022101

STATE FILE NUMBER

FILED JUN 16 1958

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2775

300
1-57

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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1220 Bruhx Creek		Length of stay in lb 50 YEARS	d. STREET ADDRESS (If outside, give location) 1220 Brush Creek		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Miss MAMIE Middle SWANN Last SWANN			4. DATE OF DEATH Month May Day 30 Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 9, 1880	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Teacher		10b. KIND OF BUSINESS OR INDUSTRY R. C., Ks Public School System		11. BIRTHPLACE (City and state or country) Fairmount, Kansas	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME John Swann		13b. MOTHER'S MAIDEN NAME Marg Linehan	
14. NAME OF HUSBAND OR WIFE -----		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. Claude N. Johnston, 6442 Baltimore		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Malnutrition & Dehydration DUE TO (b) Generalized Arteriosclerosis & Scurvy DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 6 mos. 8 years. 4500	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Large infected Decubitus Ulcers		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour .Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from November 1957 to May 30, 1958 and last saw her alive on May 20, 1958 Death occurred _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Dr. Leslie Thompson, M.D.			22b. ADDRESS 411 Nichols Rd. K.C. Mo.		22c. DATE SIGNED 5-31-58
23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-2-58	23c. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Kansas	
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar Funeral Home		ADDRESS Woodland-Linwood		25. DATE RECD. BY LOCAL REG. 6-1-58	26. REGISTRAR'S SIGNATURE neva munnell

(Licensed Embalmer's Statement on Reverse Side)

C. Leslie Thompson USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

Swann



*In Leslie Simpson
411-711
3
2-2-2301*

Res - E-m 30355

1256 W 61st Ter

2-4 PM

*To have sick with the
flu - take to his
home between 2-4
dates if needed is ok.*

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 *E. L. Gibson*

Licensed Embalmer No. *4137*

P. O. Address *W. K. Gibson Sp. 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.