

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017974

STATE FILE NUMBER
REGISTRAR'S NO. **2110**

Registration District No. **149** Primary Registration District No. **1002**

FILED JUN 9 1959

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Wyandotte	
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 V.A. Hospital,		Length of stay in 1b 260 days	d. STREET ADDRESS (If outside, give location) 1423 S. 30th, Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Arden E. Swartz			4. DATE OF DEATH Month Day Year 4th 25th 1959		
---	--	--	--	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-15-96	9. AGE (In years last birthday) 62 yrs	IF UNDER 1 YEAR Months Days Hours Min.
-----------------------	----------------------------------	---	-------------------------------------	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unk	10b. KIND OF BUSINESS OR INDUSTRY Unk	11. BIRTHPLACE (City and state or country) Morris County, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.
---	---	--	---

13a. FATHER'S NAME John Swartz	13b. MOTHER'S MAIDEN NAME Alice Chinn	14. NAME OF HUSBAND OR WIFE Mary Swartz
--	---	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If Yes, give dates of service) Yes 8-5-17 to 5-9-19	16. SOCIAL SECURITY NO. 509 10 6603	17. INFORMANT VA Hospital, K.C., Mo.	Address
---	---	--	---------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary congestion & Edema		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Vesicular emphysema, pulmonary		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5271		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <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 VA	COUNTY	STATE
---	--	--	---	--------	-------

21. I attended the deceased from August 28, 1959 to April 25, 1959 and last saw her alive on 1:45 pm on the date stated above; and to the best of my knowledge, from the causes stated.	
--	--

22a. SIGNATURE J. A. Turner (Degree or title) MD	22b. ADDRESS VA Hospital, K.C., Mo	22c. DATE SIGNED 4-25-59
---	--	------------------------------------

23a. BURIAL, CREMATION, OR REMOVAL (Specify) Removal	23b. DATE 4-27-59	23c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery	23d. LOCATION (City, town, or county) Kansas City, Kansas
--	-----------------------------	--	---

24. FUNERAL DIRECTOR Simmons Funeral Home K.C.K.	25. DATE RECD. BY LOCAL REG. 4-27-59	26. REGISTRAR'S SIGNATURE Neva Minshall
--	--	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

alth,
elfare
blic
rvice

00
57

J. A. Turner

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 Donald H. Simmons, Student Embalmer No. 562
working under my personal supervision.

Student Donald H. Simmons
Signature of Student Embalmer

Signed D. Simmons

Licensed Embalmer No. 3903

P. O. Address K.C. Kansas

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.