

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021720

FILED JUN 17 1959

Registration District No. 149 Primary Registration District No. 1002 STATE FILE NUMBER Registrar's No. 2674

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Richmond Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital		Length of stay in lb 8 days	d. STREET ADDRESS (If outside, give location) 117 Farris Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last John (N) Swafford			4. DATE OF DEATH Month Day Year May 30, 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 January 16, 1888
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) coal miner	11. BIRTHPLACE (City and state or country) Ray County, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME Alfred Swafford	13b. MOTHER'S MAIDEN NAME Sarah Mc Gaugh
14. NAME OF HUSBAND OR WIFE Minnie Swafford		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. 495-01-4730
17. INFORMANT Mrs. Minnie Swafford		Address Richmond, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Generalized arteriosclerosis with cerebral arteriosclerosis, calcific aortic stenosis</i>			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)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 334X			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 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 April 1954 to May 30, 1959 and last saw him alive on May 29, 1959 Death occurred at 5 ⁰⁰ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>E. G. Kettner</i>		(Degree or title) M. D.	22b. ADDRESS Kansas City, Mo.
22c. DATE SIGNED 5/30/59			
23a. BURIAL CREMATION, REMOVAL (Specify) burial		23b. DATE 5-30-59	23c. NAME OF CEMETERY OR CREMATORY Richmond Memory Garden
23d. LOCATION (City, town, or county) Richmond, Mo.		(State)	
24. FUNERAL DIRECTOR Quester Lile		ADDRESS Richmond, Mo.	25. DATE RECD. BY LOCAL REG. 5-30-59
26. REGISTRAR'S SIGNATURE <i>Alvera Minchall</i>			

MEDICAL CERTIFICATION

E. G. Kettner

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MAR 27 1967

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 .. *Joseph G. Hill* ..

Licensed Embalmer No. *4066* ..

P. O. Address *Lockwood, 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.