URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 6 1960

-60-030826
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4284

NDED

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Length of stay in 1b: 56 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 3911 THE PASEO — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3911 THE PASEO — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: DR. Middle: HOWARD Last: WILKEY SWAN
4. DATE OF DEATH: Month: AUGUST Day: 17 Year: 1960
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: AUG 13, 1879
9. AGE (last birthday): 79
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DENTIST
10b. KIND OF BUSINESS OR INDUSTRY: OFFICES IN SHUKERT BLDG.
11. BIRTHPLACE (City and state or country): TROY, MISSOURI
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: WILLIAM ELWAN SWAN
13b. MOTHER'S MAIDEN NAME: ELIZA SHUE
14. NAME OF HUSBAND OR WIFE: MRS. JULIA SARAH SWAN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: MRS. JULIA SARAH SWAN — Address: 3911 THE PASEO KANSAS CITY, 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): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 11 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

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.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Aug. 6/60, to Aug. 17/60 and last saw him alive on Aug. 16/60
Death occurred at 11:45 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE W. D. Stipe M.D. (Degree or title)
22b. ADDRESS 1111 W. 10th St. K.C. Mo.
22c. DATE SIGNED 8/8/60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: AUGUST 20, 1960
23c. NAME OF CEMETERY OR CREMATORY: MT. WASHINGTON CEMETERY
23d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR: D. W. NEWCOMER'S SONS — ADDRESS: 1331 BRUSH CREEK KANSAS CITY, MO.
25. DATE RECD. BY LOCAL REG.: 8-20-60
26. REGISTRAR'S SIGNATURE: H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Louis Quest

Licensed Embalmer No. 4096

P. O. Address K. C. Mo.

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