

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035067

FILED VS OCT 10 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4792 STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Jackson</u>		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Jackson</u>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Little Sisters of the Poor</u>		Length of stay in 1b <u>70 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		First <u>MR. RAYMOND</u>		Middle <u>C.</u>		Last <u>SWANN</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>3-25-1871</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railway Postal Clerk-ret.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Post Office</u>		11. BIRTHPLACE (City and state or country) <u>Basheor, Kansas</u>		9. AGE (last birthday) <u>89</u>	
13a. FATHER'S NAME <u>John Swann</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Linehan</u>		4. DATE OF DEATH <u>Sept. 16, 1960</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Chas. R. Swann-- 4306 Paseo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Bronchopneumonia</u>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u>							
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input 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 <u> </u> a.m. <u> </u> p.m. Month, Day, Year <u> </u>		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 COUNTY STATE	
21. I attended the deceased from <u>5/19/60</u> to <u>9/16/60</u> and last saw him <u> </u> alive on <u>9/15/60</u>		Death occurred at <u> </u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Joseph A. Fogarty</u> (In case of title)		22b. ADDRESS <u>402 Withman</u>		22c. DATE SIGNED <u>9/17/60</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>9-19-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. John's Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>	
24. FUNERAL DIRECTOR <u>Melody-McGilley-Eylar-1800 E. Linwood Blvd.</u>		ADDRESS <u> </u>		25. DATE RECD. BY LOCAL REG. <u>9-20-60</u>		26. REGISTRAR'S SIGNATURE <u>H. L. Dwyer</u>	

DOCUMENT

BY AFFIDAVIT OF Joseph A. Fogarty MEDICAL CERTIFICATION

1040

2401

871

Du. 700
Hickman
order 3 c.c.

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 Robert T. Fuller

Licensed Embalmer No. 4818

P. O. Address KC Mo

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