

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045440

FILED VS NOV 9 1960 393

5296

STATE FILE NUMBER

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

INDEXED

1. PLACE OF DEATH a. COUNTY CLAY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY CLAY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 50 YRS	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 4345 Antioch Rd			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4345 Antioch Rd	
3. NAME OF DECEASED (Type or print) First Middle Last NANCY Gussie Swisher			4. DATE OF DEATH Month Day Year OCT 20 1960		
5. SEX FEMALE	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 9-27-1885	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months Days 0 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House W. Fe		10b. KIND OF BUSINESS OR INDUSTRY EVERTON, MO		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME GUNN		13b. MOTHER'S MAIDEN NAME YANCY		14. NAME OF HUSBAND OR WIFE John E. Swisher	
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 Address John E. Swisher 4345 Antioch Rd	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory failure DUE TO (b) Cerebral thrombosis DUE TO (c) Cerebral Arteriosclerosis					INTERVAL BETWEEN ONSET AND DEATH 3 Months
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 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		COUNTY STATE
21. I attended the deceased from June 1960 to Oct 20, 1960 and last saw her ^{her} him alive on Oct 20, 1960 Death occurred at 1015p m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) John B. Withrow M.D.			22b. ADDRESS 2730 S. Mill KC 19 mo		22c. DATE SIGNED 10/21-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-22-1960	23c. NAME OF CEMETERY OR CREMATORY White Chapel		23d. LOCATION (City, town, or county) (State) Clay Co Mo
24. FUNERAL DIRECTOR D.W. Newcomer		ADDRESS Law N. K.C.		25. DATE RECD. BY LOCAL REG. 10-21-60	26. REGISTRAR'S SIGNATURE H-L-Dwyer

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

John B. Withrow

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John V. Fenwick
Licensed Embalmer No. 4890
P. O. Address K.C. 17

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