

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-001669

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

 FILED VS FEB 8 1961
 AMENDED

Registrars District No. 149

Primary Registration District No. 1002

Registrar's No. 260

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
a. COUNTY Jackson		b. CITY (if outside corporate limits, give TOWNSHIP only) Kansas City		a. STATE Missouri		b. COUNTY Jackson		
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 922 E. 30th. St.		Length of stay in lb 50 yrs.		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 922 E. 30th. St.		(if outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX		
First Middle Last MRS. BERTHA THERESA SWARTS			Month Day Year Jan. 16, 1961			Female		
6. COLOR OR RACE Cauc.		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2-9-83		9. AGE (last birthday) 77		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Omaha, Nebraska		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Wm. Leonard Ziegler			13b. MOTHER'S MAIDEN NAME Augusta T. Buosch			14. NAME OF HUSBAND OR WIFE Edward W. Swarts		
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 Mrs. Frances Howe--922 E. 30th. St.		Address	
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) Carcinoma of Left breast							7 Years	
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) Spread to right breast & extension to lungs						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 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 Dec. 30, 1959 to Jan 15, 1961 and last saw her alive on Jan 10, 1961 Death occurred at 1:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) R. R. Becker, MD				22b. ADDRESS 4000 Baltimore Kansas City, Mo		22c. DATE SIGNED 1/16/61		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-18-61	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) Kansas City, Missouri		(State)	
24. FUNERAL DIRECTOR Melody-McGilley-Eylar--1800 E. Linwood			25. DATE RECD. BY LOCAL REG. 1-16-61		26. REGISTRAR'S SIGNATURE Ruth J. Long			

(Licensed Embalmer's Statement on Reverse Side)

 DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

Dr. Richard
4000 Baltimore

Mon. 2-5 p.m.

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

James E. Hackler

Licensed Embalmer No. 4573

P. O. Address KC 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.