

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007738

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 317 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 317

FILED APR 3 1961

1. PLACE OF DEATH
 a. COUNTY Buchanan
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph Length of stay in 1b 40yrs
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 6210 Sherman Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo b. COUNTY Buchanan
 c. CITY OR TOWN St. Joseph, Inside Limits Yes No
 d. STREET ADDRESS 6210 Sherman (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Victoria Middle Swedo Last Swedo 4. DATE OF DEATH Month Mar. Day 25 Year 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH June 1, 1887 9. AGE (last birthday) 77 IF UNDER 1 YEAR Months 0 Days 0 IF UNDER 24 HR Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and state or country) Poland 12. CITIZEN OF WHAT COUNTRY U.S.A. (Nat.)

13a. FATHER'S NAME Walter Dluski 13b. MOTHER'S MAIDEN NAME Catherine ? 14. NAME OF HUSBAND OR WIFE Joseph Swedo (de)

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 Elenore Maleta, 6210 Sherman St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Natural causes- Unattended Death investigated by the City Health Department.
 DUE TO (b) _____
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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

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 _____ to _____ and last saw her/him alive on _____
 Death occurred at 1:00A on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert W. Keiber, MD (Degree or title) City Health Officer 22b. ADDRESS Highpatricks Bldg. - St. Joseph, Mo 22c. DATE SIGNED 3-29-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 3-29-61 23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery 23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri

24. FUNERAL DIRECTOR John E. Ruffolo ADDRESS St. Joseph, Mo. 25. DATE RECD. BY LOCAL REG. Mar. 31, 1961 26. REGISTRAR'S SIGNATURE Mrs. Clark Handell

