

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

3334-61-025519  
STATE FILE NUMBER

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

FILED JUL 26 1961

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>KANSAS</b> b. COUNTY <b>JOHNSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Length of stay in 1b <b>1 DAY</b>	c. CITY OR TOWN <b>MISSION</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>RESEARCH HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>5125 WEST 57TH ST.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>DOROTHY R. SWAIN</b>			4. DATE OF DEATH Month Day Year <b>JULY 2 1961</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5/15/1900</b>
9. AGE (last birthday) <b>61</b>		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) <b>WRITER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FREE LANCE</b>	11. BIRTHPLACE (City and state or country) <b>YORK, NEBRASKA</b>
12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>		13a. FATHER'S NAME <b>EMETT RAMSEY</b>	
13b. MOTHER'S MAIDEN NAME <b>NEINA RAMSEY</b>		14. NAME OF HUSBAND OR WIFE <b>WILLIAM J. SWAIN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		17. INFORMANT Address <b>WILLIAM J. SWAIN 5125 WEST 57TH MISSION, KANSAS</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinomatous, Generalized</i> DUE TO (b) <i>Primary carcinoma of Colon</i> DUE TO (c) <i></i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <i>Unknown</i> <i>Unknown</i>
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 <i>July 9, 1956</i> to <i>July 2, 1961</i> and last saw her alive on <i>July 2, 1961</i> Death occurred at <i>10:15 A.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Ruth Long</i>		22b. ADDRESS <i>1110 Bryant Bldg</i>	22c. DATE SIGNED <i>July 3, 1961</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>CREMATION</b>	23b. DATE <b>JULY 4, 1961</b>	23c. NAME OF LEAFY OR CREMATORY <b>D. W. NEWCOMER'S SONS</b>	23d. LOCATION (City, town, or county) State <b>KANSAS CITY MISSOURI</b>
24. FUNERAL DIRECTOR ADDRESS <b>D. W. NEWCOMER'S SONS 1331 BRUSH CREEK KANSAS CITY, MO</b>		25. DATE RECD. BY LOCAL REG. <b>7-4-61</b>	26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>

Paul N. Johnston, M.D.

**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 Harold D. Reich

Licensed Embalmer No. 4998

P. O. Address Kansas City,

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.