

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021722

FILED JUN 17 1959 Registration District No. 149 Primary Registration District No. 1002 STATE FILE NUMBER 2719 Registrar's No.

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1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before death) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osteopathic Hosp		Length of stay 17 Yrs.	d. STREET ADDRESS 8730 Lexington
3. NAME OF DECEASED (Type or print) REATHA. JO SWANNER		First REATHA. Middle JO Last SWANNER	4. DATE OF DEATH Month 5 Day 31 Year 1959
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9 25 1912
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife-Cook		10b. KIND OF BUSINESS OR OCCUPATION Country Club	9. AGE (In years at birthday) 46
13a. FATHER'S NAME Lee Ross		13b. MOTHER'S MAIDEN NAME Gertrude Stidham	11. BIRTHPLACE (City and state or country) Ninneh, Oklahoma
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war and dates of service) No		16. SOCIAL SECURITY NO. 64 09 5283	12. CITIZEN OF WHAT COUNTRY? U, S. A.
14. NAME OF HUSBAND OR WIFE Thurman E. Swanner		17. INFORMANT Address Thurman E. Swanner 8730 Lexington	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive Peritonitis		INTERVAL BETWEEN ONSET AND DEATH 5 1/2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Perforation of Colon with Fistula	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Terminal Pneumonia Splenic Infarct

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.)
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20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____

20d. INJURY OCCURRED WHILE AT <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 WINNER	COUNTY WINNER	STATE MISSOURI
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21. I attended the deceased from April 19 1959 to May 31 1959 and last saw her alive on 7:45 pm 5-31-59 Death occurred at 7:55 am 5/31/59 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Dr. Salomon W. Bakers Do	22b. ADDRESS 8218 Winner Rd.	22c. DATE SIGNED 6/1/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-2-1959	23c. NAME OF CEMETERY OR CREMATORY Floral Hills Mem. Gardens	23d. LOCATION (City, town, or county) (State) Kansas City Missouri
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24. FUNERAL DIRECTOR Floral Hills Memorial Chapels, Inc	ADDRESS 6-2-59	25. DATE RECD. BY LOCAL REG. 6-2-59	26. REGISTRAR'S SIGNATURE Neva Marshall
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Solvyn W. Tonkensuse ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Handwritten notes:
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
Signed *Forrest D. Caldwell*
Licensed Embalmer No. *4714*
P. O. Address *R P 4th*

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 *Forrest D. Caldwell*

Licensed Embalmer No. *4714*
P. O. Address *R P 4th*

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.