

CERTIFICATE OF DEATH

124

70 0036984

DO NOT WRITE
ON THIS STUD

VS 300
Rev. 1/70

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5226

DECEASED—NAME FIRST MIDDLE LAST OTTIE A STAAL		SEX female	DATE OF DEATH (MONTH, DAY, YEAR) October 1, 1970
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) white	AGE—LAST BIRTHDAY (YEARS) 86	DATE OF BIRTH (MONTH, DAY, YEAR) June 26, 1884	COUNTY OF DEATH Jackson
CITY, TOWN, OR LOCATION OF DEATH Missouri	INSIDE CITY LIMITS (SPECIFY YES OR NO) yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Grosse Nursing Home	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Missouri	CITIZEN OF WHAT COUNTRY USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) widowed	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) deceased
SOCIAL SECURITY NUMBER 4123	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Housewife	KIND OF BUSINESS OR INDUSTRY Homemaker	
RESIDENCE—STATE Missouri	COUNTY Jackson	CITY, TOWN, OR LOCATION Kansas City	STREET AND NUMBER 4048 Campbell
FATHER—NAME FIRST MIDDLE LAST John Truman Swinney		MOTHER—MAIDEN NAME FIRST MIDDLE LAST Martha Mc Alister	
INFORMANT—NAME Mrs. Berenice Reese		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 4046 Campbell Kansas City, Missouri	
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			
(a) IMMEDIATE CAUSE Terminal broncho pneumonia		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(b) DUE TO, OR AS A CONSEQUENCE OF: Coronary Heart Disease			
(c) DUE TO, OR AS A CONSEQUENCE OF:			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		MONTH DAY YEAR 1956 TO 10 1 70	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR 9 24 70
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	DEATH OCCURRED (MONTH, DAY, YEAR) 10-1-70
CERTIFIER—NAME (TYPE OR PRINT) F. H. Hodgson, M.D.		SIGNATURE <i>F. H. Hodgson</i>	DATE SIGNED (MONTH, DAY, YEAR) 10-1-70
MAILING ADDRESS—CERTIFIER 4301 Main St. Kansas City, Missouri		STREET OR R.F.D. NO. CITY OR TOWN STATE 4301 Main St. Kansas City, Missouri	
BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	CEMETERY OR CREMATORY—NAME Forest Hill	LOCATION Kansas City, Missouri	
DATE (MONTH, DAY, YEAR) October 3, 1970	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Stine & McClure 3235 Gillham Plaza Kansas City, Missouri 64109		
FUNERAL DIRECTOR—SIGNATURE <i>Robert J. Rees</i>	REGISTRAR—SIGNATURE <i>Luther Day</i>	DATE RECEIVED BY LOCAL REGISTRAR 10-2-70	

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6.30.08
PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

9. 1
10a. 86
10b. 86
11. 0
12. 2
13. 4123
14. 4
15. 4
16. 6.30.08
17. 0
18. 0
19. CREDITS
20.

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 P. Reich

Licensed Embalmer No. 4998

P. O. Address Kansas City, 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.