

FILED JUN 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15914**  
Registrar's No. **2307**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>2307</b>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <b>Jackson</b>		b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <b>Kansas City</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Jackson</b>	
c. LENGTH OF STAY (in this place) township) <b>34 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		d. STREET ADDRESS (If rural, give location) <b>5714 Locust</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5714 Locust</b>							
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <b>Enid</b>	b. (Middle) <b>(none)</b>	c. (Last) <b>Heffner</b>	Date (Month) (Day) (Year) <b>May 26, 1949</b>				
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Oct. 12, 1893</b>	9. AGE (In years last birthday) <b>55</b>	IF UNDER 1 YEAR Months   Days	IF UNDER 24 HRS. Hours   Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Oklahoma</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Frank Purcell</b>		13b. MOTHER'S MAIDEN NAME <b>Susan Mullen</b>		14. NAME OF HUSBAND OR WIFE <b>Harry T. Heffner</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>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Harry T. Heffner 5714 Locust</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>cancer of lung</b>		primary					
*This does not mean the mode of dying, such as heart failure, asthenic, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>4-8</b> , 19 <b>49</b> , to <b>5-25</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>5-25</b> , 19 <b>49</b> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Owen P. Mc Pherson</b> (Name or title)				23b. ADDRESS <b>Prof. Bldg.</b>		23c. DATE SIGNED <b>5-26-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>5-27-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>-</b>		24d. LOCATION (City, town, or county) (State) <b>Enid, Okla.</b>	
DATE REC'D BY LOCAL REG. <b>5-27-49</b>		REGISTRAR'S SIGNATURE <b>Gertrude Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Stine &amp; Mc Clure K. C. Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 .....  
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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 this body is not embalmed, fact should be so stated above.

WRITE PLAINLY—USING UNFADING INK

DUE TO (c)			
case; injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>New record 6-3-49</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>4-8-</u> , 19 <u>49</u> , to <u>5-25</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>5-25</u> , 19 <u>49</u> , and that death occurred at <u>7</u> m., from the causes and on the date stated above.			
23a. SIGNATURE Owen P. McPherson (Degree or title)	23b. ADDRESS	23c. DATE SIGNED	
<i>Owen P. McPherson M.D.</i>	<i>1100 Commercial Bldg.</i>	<i>5-26-49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
<i>REMOVAL</i>	<i>5-27-49</i>	<i>—</i>	<i>ENID, OKLAHOMA</i>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
<i>5-27-49</i>	<i>Geraldine Holmes</i>	<i>STINE &amp; McCLURE</i>	<i>Kansas City, Mo.</i>

(Licensed Embalmer's Statement on Reverse Side)

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.

1949  
S-15914

Student .....  
Student Embalmer

Signed Robert W. Reed

Licensed Embalmer No. 8745

P. O. Address B. E. Ho.

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 this body is not embalmed, fact should be so stated above.