No. 300
10-48

FILED MAY 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16446

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 3034 Registrar's No. 40

54
2
1

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

1. PLACE OF DEATH
a. COUNTY Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Higginsville Mo
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) /

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Mo
b. COUNTY Lafayette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mayview & Higginsville Mo
d. STREET ADDRESS (If rural, give location) L L

3. NAME OF DECEASED (Type or Print)
a. (First) Ida
b. (Middle) Jennings
c. (Last) Heizle

4. DATE OF DEATH (Month) 5 (Day) 13 (Year) 1949

5. SEX F-1
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 3
8. DATE OF BIRTH Feb-24-1904
9. AGE (In years last birthday) 45 — IF UNDER 1 YEAR Months 2 Days 19 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Kansas City Mo
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Pall Jennings
13b. MOTHER'S MAIDEN NAME No Known
14. NAME OF HUSBAND OR WIFE Divorced

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Ray Heizle — ADDRESS Higginsville Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Grade three carcinoma of the cervix with wide-spread metastasis.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) None
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

171X

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 15, 1949, *to* May 13, 1949, *that I last saw the deceased alive on* May 13, 1949, *and that death occurred at* 8:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE Robert B. Bess (Degree or title) M. D. U
23b. ADDRESS Higginsville, Missouri
23c. DATE SIGNED 5-14-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5-15-49
24c. NAME OF CEMETERY OR CREMATORY Higginsville cemetery
24d. LOCATION (City, town, or county) (State) Higginsville Mo

DATE REC'D BY LOCAL REG. 5-18-1949
REGISTRAR'S SIGNATURE Clayton W. Landrum
25. FUNERAL DIRECTOR'S SIGNATURE Roy F Wiegers — ADDRESS Higginsville Mo

(Licensed Embalmer's Statement on Reverse Side)

MAY 24 REC'D

RECEIVED

District Health Officer No. 8,

District File Number .....

Date Filed 5-24-49

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 Roy F Wiegers

Licensed Embalmer No. 2883

P. O. Address Higginsville

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.