No. 300
10-48

FILED JAN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41133

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5239

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3915 Oak st. 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: ~~St. Louis~~
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis Richmond Heights MO.
d. STREET ADDRESS (If rural, give location): ~~Unknown~~ 8901 Eager Rd.

3. NAME OF DECEASED (Type or Print)
a. (First): Clara
b. (Middle): A.
c. (Last): Hettinger

4. DATE OF DEATH (Month) 12 (Day) 11 (Year) 49

5. SEX: Fem
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 10/ 26/ 1889
9. AGE (In years last birthday): 60 — 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): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MO.
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: John ~~Hortel~~ Hertel
13b. MOTHER'S MAIDEN NAME: ~~Eisette~~ Lisette Dressel
14. NAME OF HUSBAND OR WIFE: ~~Harvey~~ Hettinger dec.

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.: NO
17. INFORMANT'S SIGNATURE OR NAME: John McBain 3915 Oak — ADDRESS: K.C. 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) Respiratory Failure
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary Metastases
DUE TO (c) Bilateral Carcinoma of the Breast

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 170X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June, 1949, *to* Dec. 11, 1949, *that I last saw the deceased alive on* Dec. 8th, 1949, *and that death occurred at* 3:40a m., *from the causes and on the date stated above.*

23a. SIGNATURE G. Juarez Reyna (Degree or title) — G. Juarez-Reyna, M.D.
23b. ADDRESS: 1040 Argyle Bldg.
23c. DATE SIGNED: 12-11-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12/11/49
24c. NAME OF CEMETERY OR CREMATORY: —
24d. LOCATION (City, town, or county) (State): St. Louis MO.

DATE REC'D BY LOCAL REG.: 12-11-49
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: Stine-McClure — ADDRESS: K.C. MO.

(Licensed Embalmer's Statement on Reverse Side)

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

Research
1 Feb 1951

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 Max Mayer

Licensed Embalmer No. 45-5-6

P. O. Address K. C. 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 this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 413349

State of Mo
County of Jackson } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 5239-49

On this 9 day of May, 1950, before me appears Ruth H. McBain, who, upon her oath, states that the original record of ~~birth~~ death for Clara A. Hettinger died ~~born~~ Dec 11, 1949, 19....., in the State of Missouri, and which was filed at K.C. Mo on 12-11, 1949, should be corrected as follows:

Item No. 14 should read Harry Hettinger
Instead of Harvey Hettinger

Item No. 20 should read 8901 Eager Rd - Richmond Hgts.
Instead of Unknown

Item No. 13a should read John Hertel
Instead of John Hertel

Item No. 13B should read Lisette Dressel
Instead of Eisette Dressel

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Ruth H. McBain daughter
Relationship.

6400 Oak St.
Present Address. K.C. Mo.

Subscribed and sworn to before me this 9th day of May, 1950.

My Commission expires Oct. 21, 1951 Carine M. Ruppelius Notary Public.