

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23540

State File No. 2953

FILED JUL 22 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

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

<b>1. PLACE OF DEATH</b> a. COUNTY <b>JACKSON</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>Phelps</b>	
b. CITY OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>ROLLA</b> 0812	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LUKES HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>X 1</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>JOSEPH</b> b. (Middle) <b>Edward</b> c. (Last) <b>Heck</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>JULY 5-1950</b>	
<b>5. SEX</b> <b>MALE</b>	<b>6. COLOR OR RACE</b> <b>WHITE</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>married</b>	<b>8. DATE OF BIRTH</b> <b>5-9-1911</b>
<b>9. AGE</b> (In years last birthday) <b>39</b>		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Retired Lithographer/Printing</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>
<b>11. BIRTHPLACE</b> (State or foreign country) <b>Topeka Kans</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	
<b>13a. FATHER'S NAME</b> <b>EDWARD J HECK</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>MARY MILLER</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> <b>WILMINA POWELL HECK</b>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or <u>no</u> ) (If yes, give war or dates of service) <b>NO</b>	
<b>16. SOCIAL SECURITY NO.</b> <b>480-09-0112</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>MRS. WILMINA HECK, R.1, ROLLA, MO.</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Glomerulonephritis</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____ DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertensive heart disease</b>		<b>5 3/4</b>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	
<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <b>F. C. Coleman</b> (Degree or title) <b>M.D. Pathologist</b>		<b>23b. ADDRESS</b> <b>4922 Bell St. KC, Mo.</b>	
<b>23c. DATE SIGNED</b> <b>7-5-50</b>		<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>BURIAL</b>	
<b>24b. DATE</b> <b>JULY 5-1950</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> _____	
<b>24d. LOCATION</b> (City, town, or county) (State) <b>ROLLA, MISSOURI</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>D. H. Newcomer's Sons</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>7-5-50</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Sheraldine Holmes</b>	
<b>ADDRESS</b> <b>1331 BRUSH CREEK KANSAS CITY, MO.</b>		<b>(Licensed Embalmer's Statement on Reverse Side)</b>	

JUL 22 1950

**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.

Signed Wayne L. Daniel

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4703

P. O. Address Kansas City, Missouri

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.