

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30453
3914

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (in this place) 26 yrs.		d. STREET ADDRESS (If rural, give location) 5716 Grand Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5716 Grand Avenue		e. FULL NAME OF HOSPITAL OR INSTITUTION 5716 Grand Avenue	

3. NAME OF DECEASED (Type or Print) Gertrude		a. (First) A. b. (Middle) HECK c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Sept. 12, 1950	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH 10-14-1871		9. AGE (in years last birthday) 78		10. IF UNDER 1 YEAR: MONTHS _____ DAYS _____	
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) Pa.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Joseph Charon		13b. MOTHER'S MAIDEN NAME Barbara Wagner	
14. NAME OF HUSBAND OR WIFE John M. Heck		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Mrs. E. A. McCarty		18. ADDRESS 5716 Grand, KC, Mo.		19. MEDICAL CERTIFICATION	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 4 days	
ANTECEDENT CAUSES		DUE TO (b) Arteriosclerosis		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 9-8, 1950, to 9-12, 1950, that I last saw the deceased alive on 9-12, 1950, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE John O. Skinner (Degree or title)		23b. ADDRESS 1402 1/2 Bryant St. Mo.		23c. DATE SIGNED 9/14-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-14-50		24c. NAME OF CEMETERY OR CREMATORY Calvary	
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		24e. DATE REC'D BY LOCAL REG. 9-14-50		24f. REGISTRAR'S SIGNATURE Sheraldine Holmes	

25. FUNERAL DIRECTOR'S SIGNATURE Mellody-McGilley-Eylar		ADDRESS Kansas City, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Dr. J. O. Thompson
A. C. M. Co.*

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *Max H. Kirkendall*

Signed.....
Student Embalmer

Licensed Embalmer No. *4632*

P. O. Address *A. C. M. Co.*

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.