

FILED OCT 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33545

State File No. 4207

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4207

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) OR TOWN KANSAS CITY	c. LENGTH OF STAY (in this place) 4 1/2 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	5678
d. FULL NAME OF HOSPITAL OR INSTITUTION LAKESIDE HOSPITAL		d. STREET ADDRESS (If rural, give location) 3623 CLEVELAND AVENUE	

3. NAME OF DECEASED (Type or Print) a. (First) FLORENCE b. (Middle) HEACOCK c. (Last) HEACOCK			4. DATE OF DEATH (Month) (Day) (Year) OCTOBER-4-1950		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 21-1892	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 12 Hrs. Hours	IF UNDER 15 Min. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Berwick Penn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Boyd F. Hamon		13b. MOTHER'S MAIDEN NAME Ellwaldens		14. NAME OF HUSBAND OR WIFE JAMES HEACOCK			
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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 ADDRESS James F. Heacock 3623 Cleveland CLEVELAND					
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure due to ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial infarction due to hyperlipidemia to 2/24/50 DUE TO (c) Arteriosclerosis due to diabetes Mellitus						INTERVAL BETWEEN ONSET AND DEATH June 30 1950 to 2607		
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"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from June 30, 1950, to Oct 3, 1950, that I last saw the deceased alive on Oct 3, 1950, and that death occurred at 7:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE J. S. Van Dyke (Degree or title) M.D.		23b. ADDRESS Kansas City 3, Mo. 315 Withman Bldg. 3100 Broad		23c. DATE SIGNED Oct 4, 1950	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 6-50	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) He., Mo.		
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DATE REC'D BY LOCAL REG. 10-5-50	REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS B. H. Newcomer's Sons 1331 BRUSH CREEK KANSAS CITY, MO.	
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed Bernard L. Horan

Signed.....
Student Embalmer

Licensed Embalmer No. 4250

P. O. Address A. 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.