

FILED DEC 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37065**  
**4968**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>915</b>		
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Pawnee</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>6 Months</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Larned Kansas</b>		8		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4838 Park</b>				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) <b>AGNES S HESCHMEYER</b>			a. (First) <b>S</b> b. (Middle) <b>HESCHMEYER</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 24 1950</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>Aug 6 1898</b>		
9. AGE (In years last birthday) <b>52</b>		IF UNDER 1 YEAR Months <b>9</b> Days <b>18</b>		IF UNDER 18 HRS. Hours <b>1</b> Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Manager</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Mullins Furn Co</b>		11. BIRTHPLACE (State or foreign country) <b>Allepo Kansas</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Peter Heschmeyer</b>			13b. MOTHER'S MAIDEN NAME <b>Elizabeth Schmidt</b>			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>512-03-6499</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Josephine Heschmeyer 4838 Park</b>				
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Rectum ca, metastatic to the liver and lungs</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH  <b>154X</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Surgery for rectum carcinoma May 17, 1950</b>		19a. DATE OF OPERATION <b>5-17-50</b>		19b. MAJOR FINDINGS OF OPERATION* <b>Rectum carcinoma metastatic to the liver</b>			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) m.		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 <b>May</b> , 1950, to <b>Nov. 24</b> , 1950, that I last saw the deceased alive on <b>Nov. 18</b> , 1950, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <b>George O. Miles</b> (Degree or title) <b>George O. Miles, M.D.</b>				23b. ADDRESS <b>411 Alameda Rd., K.C., Mo.</b>		23c. DATE SIGNED <b>11-25-50</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>11/26/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>South Mound Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>South Mound Kansas</b>		
DATE REC'D BY LOCAL REG. <b>11-25-50</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Arthur Robin</b>		ADDRESS <b>20 West Linwood</b>		

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

*Forest D. Caldwell*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4214*

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.