

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

16578

State File No.

1935

No. 300
10-48

FILED MAY 19 1951

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

3

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Jackson	b. CITY (If outside corporate limits, write RURAL and give township) Kansas City	a. STATE Missouri	b. COUNTY Jackson
c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sidewalk-4030 Fremont		d. STREET ADDRESS (If rural, give location) 5011 Bellefontaine	

2778
3770

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) JOHN	b. (Middle) G.	c. (Last) HEINZELMAN, Sr	(Month) 5	(Day) 4	(Year) 51
5. SEX Ma	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-13-1886	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Greenhouse	11. BIRTHPLACE (State or foreign country) Rosedale, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Heinzelman	13b. MOTHER'S MAIDEN NAME Magdalena Welker	14. NAME OF HUSBAND OR WIFE Louise C. Heinzelman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 495-05-1515	17. INFORMANT'S SIGNATURE OR NAME Louise C. Heinzelman, 5011 Bellefontaine

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4201
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Nutritional Deficiency</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 June 8, 1940, to May 4, 1951, that I last saw the deceased alive on April 7, 1951, and that death occurred at 3:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harold A. Pallett</u> (Degree or title)	23b. ADDRESS <u>1132 Prof Blvd, Kansas City, Mo.</u>	23c. DATE SIGNED <u>5/5/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-7-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>
24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>		

DATE REC'D BY LOCAL REG. <u>5-5-51</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Wagner</u>	ADDRESS <u>K. C. Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

Dr. N. S. ...
Prof. Hesteg.

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 Alvin R. Haunshel

Licensed Embalmer No. H 159

P. O. Address B. 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.