

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1294

State File No.

436

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
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) OR TOWN KANSAS CITY		c. LENGTH OF STAY (If place) 49 days		a. STATE MISSOURI b. COUNTY JACKSON	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6201-TRUMAN RD				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY			
d. STREET ADDRESS 6201-TRUMAN RD				(If rural, give location)			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) JOHN			b. (Middle) K.			c. (Last) HEISEY	
(Type or Print)			4. DATE OF DEATH			Month Day Year	
5. SEX MALE			6. COLOR OR RACE WHITE			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED	
8. DATE OF BIRTH DEC. 15-1899			9. AGE (To years last birthday) 52			IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED CARPENTER			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Lancaster Pa	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME JOSEPH B. HEISEY			13b. MOTHER'S MAIDEN NAME SARAH KROLL	
14. NAME OF HUSBAND OR WIFE FRANCIS			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. 486-05-3881	
17. INFORMANT'S SIGNATURE OR NAME The Helen Hickman K.C. Mo			18. CAUSE OF DEATH			19. INTERVAL BETWEEN ONSET AND DEATH	
18. CAUSE OF DEATH			19. INTERVAL BETWEEN ONSET AND DEATH			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Enter only one cause per line for (a), (b), and (c)			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Metastasis from Carcinoma, Right Peritil			1421	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Same			DUE TO (c)	
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	
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) (Minute)			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 Sept. 1951, to Jan 25, 1952, that I last saw the deceased alive on Jan 25, 1952, and that death occurred at m., from the causes and on the date stated above.							
23a. SIGNATURE Ralph Perry (Name or title)			23b. ADDRESS 4800 East 24			23c. DATE SIGNED Jan 26, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL			24b. DATE Jan 28-52			24c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS	
24d. LOCATION (City, town, or county) KANSAS CITY Mo			25. FUNERAL DIRECTOR'S SIGNATURE Geraldine Holmes			ADDRESS K.C. Mo	
DATE REC'D BY LOCAL REG. 1-28-52			REGISTRAR'S SIGNATURE			25. FUNERAL DIRECTOR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

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

parish

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.....

John J. Shelton

Signed.....
Student Embalmer

Licensed Embalmer No. *23625*

P. O. Address *W.C. Hill*

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.