

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28080

State File No. ....

3589

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. ....			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u> /				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> <u>3478</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>43 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> <u>470</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>417 W. 34th Terrace</u>				d. STREET ADDRESS (If rural, give location) <u>417 West 34th Terrace</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUIS</u>			b. (Middle)		c. (Last) <u>HELLER, Sr</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8 10 52</u>		
5. SEX <u>Ma</u> <u>0</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>12-11-1883</u>		9. AGE (in years last birthday) <u>68</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bottle Labeler</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Who. Brewery</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bavaria, Germany</u> <u>4</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Aloysius Heller</u>			13b. MOTHER'S MAIDEN NAME <u>No Record</u>			14. NAME OF HUSBAND OR WIFE <u>Rose Heller</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>XX</u>		16. SOCIAL SECURITY NO. <u>490-16-6706</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Louis Heller, Jr. 417 W. 34th Terrace</u>					
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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Rectum</u>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>						INTERVAL BETWEEN ONSET AND DEATH <u>?</u>  <u>154X</u>	
19a. DATE OF OPERATION <u>4/28/52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Primary Carcinoma in rectum with extension into pelvis + metastasis - liver - metastasis.</u>						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 <u>1952</u> , to <u>Aug 10, 1952</u> , that I last saw the deceased alive on <u>Aug 8, 1952</u> , and that death occurred at <u>9:40 Am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Edgar D. Carrier</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>2426 S. Lynn St. Mo.</u>			23c. DATE SIGNED <u>8/11/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-13-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>8-11-52</u>		REGISTRAR'S SIGNATURE <u>Heralding Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Wagner</u>		ADDRESS <u>K. C. Mo.</u>		

(Licensed Embalmer's Signature on Reverse Side)

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

No. 300  
10-48

AUG 25 1952  
8-26-52

Plaza Memorial  
VA 3434

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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. Haenschel

Licensed Embalmer No. 4159

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.