

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH9878
State File No. 1394

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>MO</u>				b. COUNTY <u>Jackson</u>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. LENGTH OF STAY (in this place) <u>30 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		2h 48								
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1605 Wyandotte</u>				d. STREET ADDRESS (If rural, give location) <u>1605 Wyandotte</u>				288						
3. NAME OF DECEASED (Type or Print)			a. (First) <u>JOHN</u>			b. (Middle) <u>WESLEY</u>			c. (Last) <u>HEHN</u>			DATE OF DEATH (Month) (Day) (Year) <u>3-8-1953</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug-1887</u>		9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work doing during most of working life, even if retired) <u>Shoe repairman</u>				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (State or foreign country) <u>MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>Daniel W Hehn</u>				13b. MOTHER'S MAIDEN NAME <u>Retta M Matthews</u>				14. NAME OF HUSBAND OR WIFE <u>Geo + Hehn</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give no or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>unk</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Virgil D. Hehn</u> <u>State, MO Can Co</u>								
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acut coronary occlusion</u>								INTERVAL BETWEEN ONSET AND DEATH				
		ANTECEDENT CAUSES DUE TO (b) <u>arteriosclerotic heart disease</u>												
		DUE TO (c) _____												
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<u>42</u>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION										20. AUTOPSY? YES <input checked="" 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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.														
23a. SIGNATURE <u>George C. Rothert</u> (Degree or title)				23b. ADDRESS <u>4050 Broadview Ave</u>				23c. DATE SIGNED <u>3-8-53</u>						
24a. BURIAL CREMATION REMOVAL (Specify)		24b. DATE <u>3-10-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shenwood Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Cleveland MO</u>								
DATE REC'D BY LOCAL REG. <u>3-8-53</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>				FUNERAL DIRECTOR'S SIGNATURE <u>Wesley Hehn</u>		ADDRESS <u>Wesley Hehn</u>						

8200 28 10/17

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 *Francis S. Walton*

Signed.....
Student Embalmer

Licensed Embalmer No. 2744

P. O. Address KC 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.