

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18063  
2655

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>JACKSON</b>		b. (Middle) <b>CLARRISSA</b>		a. STATE <b>KANSAS</b>		b. COUNTY <b>JOHNSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>		c. LENGTH OF STAY (In this place) <b>1 WEEKS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>MERRIAM</b>		<b>8150</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>ST LUKE'S HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>8730 JOHNSON DRIVE</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>HATTIE</b>		c. (Last) <b>HEATON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 21, 1953</b>	
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED 2</b>		8. DATE OF BIRTH <b>JUNE 22, 1862</b>	
9. AGE (In years last birthday) <b>90</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RETIRED</b>		11. BIRTHPLACE (State or foreign country) <b>DE. KALB, ILLINDIS</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>ALBERT WHITMORE</b>		13b. MOTHER'S MAIDEN NAME <b>ALLEN P. CLARK</b>		14. NAME OF HUSBAND OR WIFE <b>CHARLES A. HEATON (DECEASED)</b>	
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>X</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>ERALE W. HEATON, 8730 JOHNSON DR.</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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senility</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				MERRIAM, MISSOURI BETWEEN ONSET AND DEATH <b>Full 2 years</b>  <b>4201</b>	
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 <u>1949, to May 24, 1953</u> , that I last saw the deceased alive on <u>23 May 1953</u> , and that death occurred at <u>12:50 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <b>K. W. Carbaugh</b>		(Degree or title) <b>MD</b>		23b. ADDRESS <b>Missouri Kan</b>		23c. DATE SIGNED <b>24 May 53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>5/21/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>LYNDON CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>LYNDON, OSAGE, KAN SAS</b>	
DATE REC'D BY LOCAL REG. <b>5-24-53</b>		REGISTRAR'S SIGNATURE <b>Thereldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>H. E. JULIEN</b>		ADDRESS <b>OLA THE, KANSAS</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

1956 I I NCH

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

*Chester L. Fleming*

Licensed Embalmer No. *4569*

P. O. Address *Olathe, Kansas*

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.