

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

**18069**

State File No. ....

**2445**

**FILED MAY 27 1953**

BIRTH-NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>4 Wks.</u>		8150	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>2561 West 46th. St.</u>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>O.</u> c. (Last) <u>Hettinger</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>May 11 1953</u>		
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<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Married</u>		<b>8. DATE OF BIRTH</b> <u>Sept. 17, 1881</u>		<b>9. AGE (In years: last birthday)</b> <u>71</u>		<b>IF UNDER 1 YEAR</b> Months   Days		<b>IF UNDER 24 HRS.</b> Hours   Mins.	
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Weatherproofing Products Corp.</u>			<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Kansas</u>			<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>US</u>		
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<b>13a. FATHER'S NAME</b> <u>Daniel D. Hettinger</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>Nettie Bruce</u>			<b>14. NAME OF HUSBAND OR WIFE</b> <u>Marie O. Hettinger</u>		
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>510-07-4412A</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Marie O. Hettinger, K. C. Kansas</u>				<b>ADDRESS</b>	
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<b>18. CAUSE OF DEATH</b> 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.			<b>MEDICAL CERTIFICATION</b>						<b>INTERVAL BETWEEN ONSET AND DEATH</b>		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)			<u>Cardiac Infarct</u>						<u>7/10-53</u>		
			ANTECEDENT CAUSES			DUE TO (b)			DUE TO (c)		
			<u>Coronary Occlusion</u>			<u>Coronary Sclerosis</u>			<u>10 yrs.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>+</u>						<u>4201</u>		

<b>19a. DATE OF OPERATION</b>			<b>19b. MAJOR FINDINGS OF OPERATION</b>						<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)			<b>21c. (CITY, TOWN, OR TOWNSHIP)</b>		<b>(COUNTY)</b>		<b>(STATE)</b>	
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.			<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			<b>21f. HOW DID INJURY OCCUR?</b>				
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**22. I hereby certify that I attended the deceased from** 17/19, 1950, to May 11, 1953, that I last saw the deceased alive on 5/11, 1953, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

<b>22a. SIGNATURE</b> <u>P. J. O'Connell</u> (Degree or title) <u>M. D.</u>			<b>23b. ADDRESS</b> <u>327 Argyle Bldg. K. C. Mo</u>			<b>23c. DATE SIGNED</b> <u>5/12-53</u>		
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>24b. DATE</b> <u>5/13/1953</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Woodland Cem.</u>		<b>24d. LOCATION (City, town, or county) (State)</b> <u>Pomona, Kansas</u>			
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<b>DATE REC'D BY LOCAL REG.</b> <u>5-12-53</u>			<b>REGISTRAR'S SIGNATURE</b> <u>Steldine Smith</u>			<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Gates Funeral Home, K. C. Kansas</u>			<b>ADDRESS</b>		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DR. P. J. O'LO  
MRG 4/28 E  
1:30

**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

*Jimmy S. Huckabee*

Licensed Embalmer No. 4092

P. O. Address Missouri, Kan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.