

STANDARD CERTIFICATE OF DEATH

31819
4659

State File No.

FILED OCT 15 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>53 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>1112 Oakley</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5610 East 10th. Street</u>		19 <u>3198</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u> b. (Middle) <u>E.</u> c. (Last) <u>HEFLIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 27, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED. NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 27, 1870</u>
9. AGE (In years last birthday) <u>82</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>Contractor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Fairfield, Iowa.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Elijah Heflin</u>	
13b. MOTHER'S MAIDEN NAME <u>Sarah</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Heflin (Deceased)</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>500-12-483</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charles H. Heflin</u> ADDRESS <u>1112 Oakley KCMo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS	
ANTECEDENT CAUSES		DUE TO (b) <u>Chronic arteriosclerosis</u>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 _____	
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>Feb 2, 1951</u> , to <u>Sept 27, 1953</u> , that I last saw the deceased alive on <u>Sept 26, 1953</u> and that death occurred at <u>3:40</u> a. m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Chas. S. Nelson</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>3626 1/2 Independence ave</u>	
23c. DATE SIGNED <u>9-27-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>9-29-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. C. L. Forster</u> ADDRESS <u>Fun. Home KCMo.</u>	
DATE REC'D BY LOCAL REG. <u>9-28-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	

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

Dr. Charles S. Nelson
3620^{1/2} Indep. Ave.
CH-2143
Res. 421 N. Askew
BE-4917

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4173

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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