

FILED OCT 6 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31821**
4485

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 4 1/2 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		3. 568	
d. FULL NAME OF (If not in hospital or institution, give street address or location) Pickwick Hotel				d. STREET ADDRESS (If rural, give location) 3340 Montgall			
3. NAME OF DECEASED (Type or Print) a. (First) James		b. (Middle) Francis		c. (Last) HEYSER		4. DATE OF DEATH (Month) (Day) (Year) Sept. 12, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH 11-25-1901	9. AGE (in years last birthday) 51	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 100 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Production Manager		10b. KIND OF BUSINESS OR INDUSTRY KMBC Radio Station		11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William H. Heyser			13b. MOTHER'S MAIDEN NAME Mary C. Calnan		14. NAME OF HUSBAND OR WIFE none		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 186-09-1824		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary C. Heyser, 3340 Montgall, KC, Mo.			
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) Shock & Hemorrhage secondary from multiple heavy blows over face, forehead, scalp & chest. DUE TO (b) Fracture of sternum DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of sternum					INTERVAL BETWEEN ONSET AND DEATH 8 9 53
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) Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hotel		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-12-53 9:50 AM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Multiple blows by heavy object			
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 Geo. C. Keathofer (Degree or title) Geo. C. Keathofer, M.D., Deputy Coroner				23b. ADDRESS 4050 Broadway St. Mo		23c. DATE SIGNED 9-12-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-17-53		24c. NAME OF CEMETERY OR CREMATORY Floral Hills		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 9-15-53		REGISTRAR'S SIGNATURE Steraldine Smith			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-MoGilley-Eylar, Kansas City, Mo.		

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

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

Melvin D. Barton

Licensed Embalmer No. 4903

P. O. Address RC 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.

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