

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42947**  
**5860**  
Registrar's No.

FILED JAN 14 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>           |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b> |  |
| b. CITY OR TOWN <b>KANSAS CITY</b>                      | c. LENGTH OF STAY (in this place) <b>5 DAYS</b> | c. CITY OR TOWN <b>Sweet Springs</b>  | d. Is Residence within limits of a city or incorporated town? <b>Yes</b> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>LAKESIDE</b> |   | e. STREET ADDRESS (If rural, give location) <b>0970</b>   |  |

|  |   |
|--|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Jennie E.</b> b. (Middle) <b>H EIM</b> c. (Last) <b>H EIM</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>12 12 53</b>            |
| 5. SEX <b>Female</b> 6. COLOR OR RACE <b>White</b>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b> |
| 8. DATE OF BIRTH <b>April-10-1874</b>  | 9. AGE (In years last birthday) (Months) (Days) <b>79</b>           |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)                        | 10b. KIND OF BUSINESS OR INDUSTRY                                   |
| 11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri 0</b>   | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>                             |

|  |   |   |
|--|---|---|
| 13a. FATHER'S NAME <b>UNKNOWN</b>  | 13b. MOTHER'S MAIDEN NAME <b>ANNA M. Mosien</b> | 14. NAME OF HUSBAND OR WIFE <b>deceased</b>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <b>NONE</b>             | 17. INFORMANT'S SIGNATURE OR NAME <b>Mr. William J. Wilson</b> ADDRESS <b>Sweet Springs Mo.</b> |

|  |  |  |  |
|--|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>   |  | INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b> |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Fracture of right femur</b> |  | <b>5 days</b>                                    |
|  | DUE TO (c)   |  | <b>29030</b><br><b>20</b>                        |
|  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                                |  |  |

|  |   |  |
|--|---|--|
| 19a. DATE OF OPERATION <b>12-11-53</b>                               | 19b. MAJOR FINDINGS OF OPERATION <b>Reduction of fracture under anesthesia</b>                                    | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT (Specify) <b>Homicide Accident</b>                     | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>              | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <b>Sweet Springs, Mo. 09 STATE</b>       |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>12 7 536:30PM</b> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <b>Fell at home on floor</b>                          |

22. I hereby certify that I attended the deceased from 12/8/53, 1953, to 12/12/53, 1953, that I last saw the deceased alive on 12/12/53, 1953, and that death occurred at 11:05P m., from the causes and on the date stated above.

|  |   |                                    |
|--|---|------------------------------------|
| 23a. SIGNATURE <b>C. A. Porlovich</b> (Degree or title)                | 23b. ADDRESS <b>25 E 12th St K.C. Mo.</b> | 23c. DATE SIGNED <b>12-14-53</b>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>               | 24b. DATE <b>12-14-53</b>                 | 24c. NAME OF CEMETERY OR CREMATORY |
| 24d. LOCATION (City, town, or county) (State) <b>SWEET SPRINGS MO.</b> |   |                                    |

|  |  |  |
|--|--|--|
| DATE REC'D BY LOCAL REG. <b>12-14-53</b> | REGISTRAR'S SIGNATURE <b>Seraldine Smith</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Melody-M<sup>c</sup>Gilley-Eylar</b> ADDRESS <b>K.C. MO.</b> |
|--|--|--|

7272

---

---

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 *Melvin Bortean*.....

Licensed Embalmer No. *4903*.....

P. O. Address *K. C. Doro*.....

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.