

FILED SEP 10 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27903

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5573 Registrar's No. 166

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b>		b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Grain Valley</b>		c. LENGTH OF STAY (in this place) <b>50 yrs</b>		c. CITY OR TOWN <b>Grain Valley</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City</b>		e. STREET ADDRESS <b>City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Margaret</b>			b. (Middle) <b>Heidelberger</b>			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 22 1954</b>			
5. SEX <b>Fm</b>		6. COLOR OR RACE <b>Wh</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>Mar 6 1870</b>			9. AGE (In years last birthday) <b>84</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired House wife</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Grain Valley Mo</b>			12. CITIZEN OF WHAT COUNTRY? <b>usa</b>			

13a. FATHER'S NAME <b>Noel Mc Alexander</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Layson</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Thomas Heidelberger</b>	
				ADDRESS <b>Grain Valley Mo</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>INANITION AND DEBILITATION</b>						<b>Few days.</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b) <b>PROLONGED RECUMBENCY NECESSITATED BY PELVIC FRACTURE</b>		<b>11 weeks</b>	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <b>FEEDING PROBLEM DUE TO ESOPHAGEAL DIVERTICULUM.</b>		<b>Acute 4 mos.</b>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <b>Advanced Age</b>					

19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>None</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>X X X</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>None</b>		21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>None</b>			

22. I hereby certify that I attended the deceased from Oct. 16, 1953, to Aug. 22, 1954, that I last saw the deceased alive on Aug 22, 1954, and that death occurred at 3:05 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Robert N. Clarke</b>			23b. ADDRESS <b>10. O. GRAIN VALLEY, MO.</b>			23c. DATE SIGNED <b>Aug. 22 1954</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug 24 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Blue Springs</b>		24d. LOCATION (City, town, or county) (State) <b>Blue Springs Mo</b>		

DATE REC'D BY LOCAL REG. <b>8-26-54</b>		REGISTRAR'S SIGNATURE <b>N. Langford</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Webb Funeral Home</b>		ADDRESS <b>Blue Springs Mo</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 R B Webb.....

Licensed Embalmer No 2313.....

P. O. Address Blue Springs.....

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.