

FILED JAN 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43291**
5618

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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. CITY OR TOWN Kansas City	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) 8 yrs.		e. STREET ADDRESS (If rural, give location) 714 E. 9	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		3138	

3. NAME OF DECEASED (Type or Print) a. (First) George	b. (Middle) WILLIAM	c. (Last) Heslop	4. DATE OF DEATH (Month) (Day) (Year) 12 6 1954
---	----------------------------	-------------------------	---

5. SEX ♂	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) SINGLE	8. DATE OF BIRTH MAY-22-1918	9. AGE (In years last birthday) 36	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Mins. _____
-----------------	-------------------------------	---	-------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meter Reader	10b. KIND OF BUSINESS OR INDUSTRY GAS SERV. Co.	11. BIRTHPLACE (City and State or Foreign Country) Pittsburg, KANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	--	---

13a. FATHER'S NAME John George HESLOP	13b. MOTHER'S NAME Nellie MANLEY	14. NAME OF HUSBAND OR WIFE
---	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W.2	16. SOCIAL SECURITY NO. 533-26-3229	17. INFORMANT'S SIGNATURE OR NAME MRS. VIRGINIA Houdasheft	ADDRESS 502 E. PARK
--	---	--	-------------------------------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe pulmonary congestion and edema, with interstitial pulmonary hemorrhage and bilateral lower lobe atelectasis		MEDICAL CERTIFICATION U.S. 22
	2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. parenchymatous degenerating heart		
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)	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) (m.)	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 Dec. 6, 1954, to Dec. 6, 1954, that I last saw the deceased alive on Dec. 6, 1954, and that death occurred at 5:50P m., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns	(Degree or title)	23b. ADDRESS 24th & Cherry	23c. DATE SIGNED 12-7-54
-------------------------------------	-------------------	--	------------------------------------

24a. BURIAL CREMATION (Specify) BURIAL	24b. DATE DEC 9 1954	24c. NAME OF CEMETERY OR CREMATORY MT. OLIVE	24d. LOCATION (City, town, or county) (State) PITTSBORG KANSAS
--	--------------------------------	--	--

DATE REC'D BY LOCAL REG. 12-7-54	REGISTRAR'S SIGNATURE Neve Marshall	25. FUNERAL DIRECTOR'S SIGNATURE W.M. Newcomer	ADDRESS 1331 BRUSH CREEK 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.....
Signature of Student Embalmer

Signed..... *John B Lewis*

Licensed Embalmer No. *48*

P. O. Address *KCM*

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.