

STANDARD CERTIFICATE OF DEATH

State File No. **4845**
834

FILED MAR 15 1955

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 **KANSAS** b. COUNTY **WYANDOTTE**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **KANSAS CITY**

c. CITY OR TOWN **KANSAS CITY**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **VETERANS ADMINISTRATION HOSPITAL**

STREET ADDRESS (If rural, give location) **381 SOUTH 11th. STREET** 8150g

3. NAME OF DECEASED
a. (First) **DAVID** b. (Middle) **E.** c. (Last) **HEIFNER**

4. DATE OF DEATH (Month) (Day) (Year) **February 21, 1955**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **March 9, 1883**

9. AGE (In years last birthday) **71** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work and number of working life, even if retired) **Retired SWITCHMAN**

10b. KIND OF BUSINESS OR INDUSTRY **Rock Island RR**

11. BIRTHPLACE (City and State or Foreign Country) **Temple, Texas**

12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME **Milton B. Heifner**

13b. MOTHER'S MAIDEN NAME **Almira Nichols**

14. NAME OF HUSBAND OR WIFE **Carolyn HEIFNER**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) **Yes**

(If yes, give war or dates of service) **WW I**

16. SOCIAL SECURITY NO. **708-14-1457**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Official VA Hospital Records, K. C. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Gastric ulcer, bleeding**

ANTECEDENT CAUSES
Generalized Arteriosclerosis gastric arteries
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

INTERVAL BETWEEN ONSET AND DEATH **Unknown**

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Stenosis aotric valve, severe**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) **VA**

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **February 17, 1955**, to **February 21, 1955**, that I last saw the deceased **February 21, 1955**, and that death occurred at **9:20 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE **Frank Q. Wingfield, M.D.** (Degree or title)

23b. ADDRESS **VA Hospital 4801 Linwood Blvd. Kansas City, Mo.**

23c. DATE SIGNED **2-22-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **CREMATION**

24b. DATE **FEB. 23. 1955**

24c. NAME OF CEMETERY OR CREMATORY **D.W. NEWCOMER'S SONS**

24d. LOCATION (City, town, or county) (State) **KANSAS CITY MISSOURI**

DATE REC'D BY LOCAL REG. **2-23-55**

REGISTRAR'S SIGNATURE **neva minshall**

25. FUNERAL DIRECTOR'S SIGNATURE **W.H. Newcomer Sons** ADDRESS **1331 BRUSH CREEK KANSAS CITY, MO.**

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

5.04

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 *Chester K. Brown*

Licensed Embalmer No. *493*

P. O. Address *KE 7*

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.