

FILED FEB 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4855
Registrar's No. 464

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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) OR TOWN Kansas City c. LENGTH OF STAY (in this place) 17 yrs.
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 St. Joseph's Hospital
STREET ADDRESS (If rural, give location) 31 East 52nd Street

3. NAME OF DECEASED a. (First) JAMES b. (Middle) D. c. (Last) HEYBURN
4. DATE OF DEATH (Month) 1 (Day) 31 (Year) 55

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Jan. 16, 1867 9. AGE (In years last birthday) 88

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Master Mechanic Railroad
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Canada
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Otter Heyburn 13b. MOTHER'S MAIDEN NAME Ellen Donnelly 14. NAME OF HUSBAND OR WIFE Agnes Heyburn

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. None
17. INFORMANT'S SIGNATURE OR NAME R.C. No. 31 E. 52nd St. Heyburn

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia - Right Lobar
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis
INTERVAL BETWEEN ONSET AND DEATH 3 days
490x
years

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) m. 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 1-28, 1955, to 1-21, 1955, that I last saw the deceased alive on 1-31, 1955, and that death occurred at 9 P. m., from the causes and on the date stated above.

23a. SIGNATURE W. M. Ketcham (Degree or title) MD
23b. ADDRESS
23c. DATE SIGNED 2/1/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 2/2/55 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) Springfield, Missouri

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
2-1-55 Neva Minshall Mellody-McGilley-Eylar-K./6., 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 *Alvin B. Burt*.....

Licensed Embalmer No. *49*.....

P. O. Address *Rt. 1*.....

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.