

FILED APR 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11955**
1622

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 town) Kansas City		c. LENGTH OF STAY (in this place) 25 yrs		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"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1469 E. 66th Terr. 911				STREET ADDRESS (If rural, give location) 1469 E. 66th TERRACE 3813			
3. NAME OF DECEASED (Type or Print) a. (First) Louis		b. (Middle) HEITLAND		c. (Last) HEITLAND		4. DATE OF DEATH (Month) (Day) (Year) April - 9 - 1955	
5. SEX D	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 24 - 1876		9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY PATRICK SEED Co.		11. BIRTHPLACE (City and State or Foreign Country) Clinton, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Louis Heitland		13b. MOTHER'S MAIDEN NAME Caroline Auer		14. NAME OF HUSBAND OR WIFE Eleanor Heitland			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Eleanor Heitland		ADDRESS 1469 E. 66th Terr. K.C. Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery Disease				MEDICAL CERTIFICATE OF INTERVAL BETWEEN ONSET AND DEATH	
*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 (b) firmly site unknown					
		DUE TO (c) Ch. ulcer duodenum				1948	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) Jackson Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 1940 , to 4-9 , 19 55 , that I last saw the deceased alive on 4-8 , 19 55 , and that death occurred at 4:50 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Hugh A. Gestring M.D. (Degree or title)				23b. ADDRESS 1220 E. 31st		23c. DATE SIGNED 4-11-55	
24a. BURIAL OR REMOVAL (Specify) BURIAL		24b. DATE April 12 1955		24c. NAME OF CEMETERY OR CREMATORY ENGLEWOOD CEMETERY		24d. LOCATION (City, town, or county) (State) CLINTON MISSOURI	
DATE REC'D BY LOCAL REG. 4-12-55		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE W. W. Newcomer ADDRESS 13316 Brush Creek K.C. Mo.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD Hugh A. Gestring

embal

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, *Albert L. Savage*

Licensed Embalmer No. *4811*

P. O. Address *Kansas*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.