

FILED JUL 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18702

2611

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. LENGTH OF STAY (In this place) 9 hours	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 ST. Luke's Hospital		STREET ADDRESS (If rural, give location) 509 W 91 Terrace 700-1	

3. NAME OF DECEASED a. (First) Harold b. (Middle) DUOLEY c. (Last) Heath		4. DATE OF DEATH (Month) (Day) (Year) 6/18/55	
5. SEX Male	6. COLOR OR RACE White	8. DATE OF BIRTH 6-18-18	9. AGE (In years last birthday) 36
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INSURANCE UNDERWRITER		10b. KIND OF BUSINESS OR INDUSTRY AUTO-INSURANCE CO.	11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY MISSOURI
13a. FATHER'S NAME WARREN A. HEATH		13b. MOTHER'S MAIDEN NAME CHARLINE BUCHANAN	14. NAME OF HUSBAND OR WIFE MRS. MARTHA ELIZABETH HEATH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WORLD WAR II	16. SOCIAL SECURITY NO. 486-10-2796	17. INFORMANT'S SIGNATURE OR NAME MRS. MARTHA ELIZABETH HEATH ADDRESS 508 W. 41st Street KANSAS CITY, 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		INTERVAL BETWEEN ONSET AND DEATH 1 day
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		ANTECEDENT CAUSES Coronary Sclerosis		DUE TO (b) Unknown
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201

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 **June 12, 1955** to **June 18, 1955** that I last saw the deceased alive on **June 11, 1955** and that death occurred at **4:40 AM** on the causes and on the date stated above.

23a. SIGNATURE Kenneth A. Davis (Degree or title) M.D.		23b. ADDRESS 201 Plaza Theater Bldg. Kansas City, MO		23c. DATE SIGNED 6-18-55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE 20 1955	24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 6-19-55	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE D.V. Newcomer's Sons ADDRESS 1331. BAUSH CABER KANSAS CITY, MO.		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Kenneth A. Davis

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. 487

P. O. Address KC Mo

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.