

FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33278

State File No.

4376

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4376</u>	
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) 43 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 636 East 69th Terr.				STREET ADDRESS (If rural, give location) 636 East 69th Terr.			
3. NAME OF DECEASED (Type or Print) HERMAN		a. (First)		b. (Middle) J.		c. (Last) HEUSER	
4. DATE OF DEATH Oct. 10, 1955		5. SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Aug. 29, 1886		9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months Days		IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer		10b. KIND OF BUSINESS OR INDUSTRY Heuser Printing Co.		11. BIRTHPLACE (City and State or Foreign Country) Philadelphia, Pa.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Peter Heuser		13b. MOTHER'S MAIDEN NAME Philomena Faber		14. NAME OF HUSBAND OR WIFE Theresa M. Heuser			
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. 487-38-8243		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Theresa M. Heuser-636 E. 69th Terr			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Arterio Sclerosis 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.				INTERVAL BETWEEN ONSET AND DEATH minutes years 4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 Oct 10, 1955 to Oct 10, 1955 , that I last saw the deceased alive on July 3, 1955 and that death occurred at 9:15 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Robert Jansen, M.D.				23b. ADDRESS 101 E 63d		23c. DATE SIGNED 10-11-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/13/55		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 10-12-55 REGISTRAR'S SIGNATURE New Marshall				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS QUIRK & TOBIN-20 W. Linwood, K. C. Mo.			

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

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 Thomas A. Kaelin, Student Embalmer No. 52 working under my personal supervision.

Student Thomas A. Kaelin Signed Farrest D. Coldswain
Signature of Student Embalmer

Licensed Embalmer No. 476

P. O. Address K. C. W.

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.