

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36871**
4806

FILED NOV 23 1955

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

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

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) 55 YEARS	c. CITY OR TOWN KANSAS CITY
d. FULL NAME OF HOSPITAL OR INSTITUTION 2826 CAMPBELL STREET		e. STREET ADDRESS (If rural, give location) 3617 WAYNE AVENUE	
3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) C. c. (Last) HEISTERBERG		4. DATE OF DEATH (Month) (Day) (Year) 11-6-1955	
5. SEX D MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH DEC-26-1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIREE-SHADE MAKER		10b. KIND OF BUSINESS OR INDUSTRY BOARD OF EDUCATION	9. AGE (In years last birthday) 69
11. BIRTHPLACE (City and State or Foreign Country) CONCORDIA, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME FRED HEISTERBERG		13b. MOTHER'S MAIDEN NAME AUGUSTA EICHSTEDT	14. NAME OF HUSBAND OR WIFE - -
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 Mrs. JOHN HOGAN ADDRESS 5422 LYDIA AVE. 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Emphysema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cor Pulmonae DUE TO (c) Poss The. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH 1 year 6 mos.	
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 10-12-1955 , to 11-2-1955 , that I last saw the deceased alive on 11-2-1955 and that death occurred at 8:20A m. , from the causes and on the date stated above.			
23a. SIGNATURE Wallace H. Graham (Degree or title) M.D.		23b. ADDRESS 518 Argyle Bldg. K.C., Mo.	23c. DATE SIGNED 7 Nov. 1955
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE NOV-8-1955	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. 11-8-55	REGISTRAR'S SIGNATURE vera minshall	25. FUNERAL DIRECTOR'S SIGNATURE D. H. Newcomer ADDRESS 1332 BRUSH CREEK KANSAS CITY, MO.	

*Car Fullmer
Parville Fullmer*

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.