

FILED DEC 6 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36873

4915

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 4915		
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) 10 years		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 3800 Walnut				e. STREET ADDRESS (If rural, give location) 51 3800 Walnut 35180				
3. NAME OF DECEASED (Type or Print) a. (First) HELLEN b. (Middle) ELAIN c. (Last) HEFFORD			4. DATE OF DEATH (Month) (Day) (Year) November 15, 1955					
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 27, 1911		
9. AGE (In years last birthday) 44		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Mins.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Kanachyping		11. BIRTHPLACE (City and State or Foreign Country) Doxbery, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Frank Bryant			13b. MOTHER'S MAIDEN NAME Allie Dural		14. NAME OF HUSBAND OR WIFE Archie Hefford			
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 Archie Hefford, 3800 Walnut				
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, asphemia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Undifferentiated metastatic Malignancy DUE TO (b) Collagen metastases DUE TO (c) Gastric (metastatic) liver metastatic, intestines, stomach II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 7-19-50 11-15-50  1999	
19a. DATE OF OPERATION 8-11-53		19b. MAJOR FINDINGS OF OPERATION above history at time of operation, tissue sent to pathology reported as above.					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) _____ 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 7-19-1955, to 11-15, 1955, that I last saw the deceased alive on 11-14-1955, and that death occurred at 6:30 p.m., from the causes and on the date stated above.								
23a. SIGNATURE B. Atcheson (Degree or title) B. Atcheson, M.D.				23b. ADDRESS 3939 Perfect		23c. DATE SIGNED 11-15-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE November 14, 1955		24c. NAME OF CEMETERY OR CREMATORY Sunny Slope Cemetery		24d. LOCATION (City, town, or county) (State) Richmond, Missouri		
DATE REC'D BY LOCAL REG. 11-15-55		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS QUEST-LIKE FUNERAL HOME RICHMOND, MISSOURI J. Handlike				

(Licensed Emballer's Statement on Reverse Side)

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

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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

*George Hill*

Licensed Embalmer No. 4060

P. O. Address *Richmond*

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.