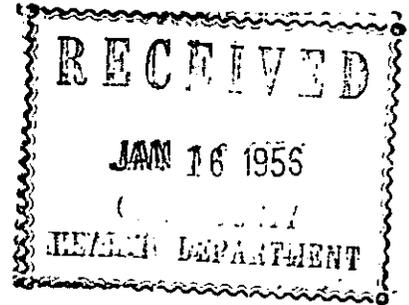


FILED JAN 19 1958

STANDARD CERTIFICATE OF DEATH

State File No. 587

BIRTH NO. _____		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 4097		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY Cass				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harrisonville		c. LENGTH OF STAY (In this place) 8 days		c. CITY OR TOWN Harrisonville		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Harrisonville Memorial Hosp.				e. STREET ADDRESS (If rural, give location) R.F.D. 3 Grand River Twp. 01420				
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Otis c. (Last) Heid			4. DATE OF DEATH (Month) (Day) (Year) Jan. 5, 1956					
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 20, 1879		
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		11. BIRTHPLACE (City and State or Foreign Country) Cass County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME George Konrad Heid			13b. MOTHER'S MAIDEN NAME Nancy Ewalt		14. NAME OF HUSBAND OR WIFE Lydia Ann Heid (deceased)			
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. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Walter Heid Harrisonville, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) RENAL ARTERIOSCLEROSIS DUE TO (c) 446x II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DIVERTICULOSIS COLON INTERVAL BETWEEN ONSET AND DEATH 1 WEEK UNKNDWN						
19a. DATE OF OPERATION <input checked="" type="checkbox"/>		19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <input checked="" type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		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) <input checked="" type="checkbox"/>		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 1952 to JAN 5, 1956, that I last saw the deceased alive on JAN 5, 1956, and that death occurred at 12 M. from the causes and on the date stated above.								
23a. SIGNATURE (Name or Title) <i>W. H. Barger M.D.</i>				23b. ADDRESS Harrisonville Mo.		23c. DATE SIGNED 6 JAN 1956		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Jan. 7, 1956		24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cem		24d. LOCATION (City, town, or county) (State) Pleasant Hill, Mo.		
DATE REC'D BY LOCAL REG. Jan 9, 1956		REGISTRAR'S SIGNATURE <i>Dora Barnard</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Brownfield-Stanley Pleasant Hill, Mo.			



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 *William L. Anderson*.....

Licensed Embalmer No. *467*.....

P. O. Address *Pleasant*.....

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.