

FILED FEB 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5293

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 19

1. PLACE OF DEATH  
 a. COUNTY JACKSON  
 b. CITY (if outside corporate limits, write RURAL and give township) OR TOWN Rural Prairie  
 c. LENGTH OF STAY (in this place) 5 yrs  
 d. FULL NAME OF HOSPITAL OR INSTITUTION JACKSON COUNTY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).  
 a. STATE Missouri b. COUNTY Jackson  
 c. CITY (if outside corporate limits, write RURAL and give township) OR TOWN Independence, Mo 6405  
 d. STREET ADDRESS (If rural, give location) 823 South Park

3. NAME OF DECEASED (Type or Print)  
 a. (First) KASPAR b. (Middle) \_\_\_\_\_ c. (Last) HEER

4. DATE OF DEATH (Month) (Day) (Year)  
Feb 12 1956

5. SEX MALE

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower

8. DATE OF BIRTH 2-19-1863

9. AGE (In years last birthday) 92

IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 4 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Ant. Dairyman

10b. KIND OF BUSINESS OR INDUSTRY Dairy

11. BIRTHPLACE (State or foreign country) SWITZERLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Kaspar J. Heer

13b. MOTHER'S MAIDEN NAME No Record

14. NAME OF HUSBAND OR WIFE Margaritha Heer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
Unknown

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Hospital Records

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) Hypertensive Cardiovascular disease  
 ANTECEDENT CAUSES  
 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  
Unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
 YES  NO

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)  
443x

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1955, to Feb 12, 1956, that I last saw the deceased alive on Feb 8, 1956, and that death occurred at 1:40 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Jacob Kraft M.D.

23b. ADDRESS 701 E. 63rd Street

23c. DATE SIGNED Feb 12, 1956

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 2-14-56

24c. NAME OF CEMETERY OR CREMATORY Forest Hill

24d. LOCATION (City, town, or county) (State) Kansas City Mo

DATE REC'D BY LOCAL REG. 2-14-1956

REGISTRAR'S SIGNATURE N. B. Larimore 483-U

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Wagner Funeral Home, K.C. Mo

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

FEB 28 1944

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 .....  
Student Embalmer

Signed Alvin R. Hausner

Licensed Embalmer No. 4159

P. O. Address H. C. Mc

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 this body is not embalmed, fact should be so stated above.