

FILED APR 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9131**
Registrar's No. **1261**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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 OR TOWN KANSAS CITY)		c. LENGTH OF STAY (in this place township) 32 years	c. CITY OR TOWN KANSAS CITY
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		e. STREET ADDRESS (If rural, give location) 7140 JEFFERSON	

3. NAME OF DECEASED (Type or Print)	a. (First) RALPH	b. (Middle) JOSEPH	c. (Last) HEFT	4. DATE OF DEATH (Month) (Day) (Year) March 21, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 15, 1895	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Exhibitor + Distributor	10b. KIND OF BUSINESS OR INDUSTRY Film Business	11. BIRTHPLACE (City and State or Foreign Country) Omaha, Nebraska	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Heft	13b. MOTHER'S MAIDEN NAME Kathleen Doyle	14. NAME OF HUSBAND OR WIFE Frances Heft
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give war or dates of service) WWI	16. SOCIAL SECURITY NO. 494-03-6895	17. INFORMANT'S SIGNATURE OR NAME VA Hospital Official Records, K. C. Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cachexia		ANTECEDENT CAUSES		1 year
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Carcinoma of lung Primary		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS		162X
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **March 4, 1956**, to **March 21, 1956** and that death occurred at **3:12 Am.**, from the causes and on the date stated above.

23a. SIGNATURE GUIDO PODRECCA, M.D.	(Degree or title) D	23b. ADDRESS VA Hospital, Kansas City, Mo.	23c. DATE SIGNED 3/21/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MARCH 23 1956	24c. NAME OF CEMETERY MT. OLIVET CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 3-22-56	REGISTRAR'S SIGNATURE Neva Minshall	25. FUNERAL DIRECTOR'S SIGNATURE D. H. Newcomer's Sons, Kansas City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Edward M. Stone*.....

Licensed Embalmer No. *445*.....

P. O. Address *K.C. 101*.....

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.