

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23756

State File No. ....

3040

FILED AUG 8 - 1956  
BIRTH NO. 804157644-56 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

|   |   |  |   |   |  |  |
|---|---|--|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before<br>- a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u> ) |   |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR <u>Kansas City</u>   |   | c. LENGTH OF STAY (in this place)<br><u>1 day</u>  | c. CITY OR TOWN<br><u>Kansas City</u>   |   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>  |   |  | e. STREET ADDRESS (If rural, give location)<br><u>3215 Coronado Rd.</u> <u>8509</u>   |   |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Infant Pamela</u> b. (Middle) <u>Jean</u> c. (Last) <u>Heermann</u>   |   |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>7-12-56</u>  |   |  |  |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>White</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Infant</u>                  | 8. DATE OF BIRTH<br><u>7-11-56</u>  | 9. AGE (In years last birthday)<br><u>7 day</u> | IF UNDER 1 YEAR<br>Months <u>1</u> Days <u></u>  | IF UNDER 24 HRS.<br>Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Infant</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Infant</u>                                       | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Kansas City, Mo.</u>   |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>   |  |
| 13a. FATHER'S NAME<br><u>Kenneth W. Heermann</u>  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Loretta Meyer</u>  |   | 14. NAME OF HUSBAND OR WIFE<br><u>-----</u>     |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u> <u>no</u>   |   | 16. SOCIAL SECURITY NO.<br><u>no</u>   | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Father, Kenneth W. Heermann,</u> ADDRESS<br><u>Home</u>                                     |   |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.                                 | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Congenital heart disease</u><br><u>endocardial fibroelastosis</u><br>DUE TO (c) <u>Pulmonary atelectasis</u><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>7549</u>  |  |
| 19a. DATE OF OPERATION  | 19b. MAJOR FINDINGS OF OPERATION  |  |   |   | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input 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)   | 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 <u>11 July 1956</u> , to <u>12 July 1956</u> , that I last saw the deceased alive on <u>12 July 1956</u> , and that death occurred at <u>12:45 p. m.</u> , from the causes and on the date stated above. |   |  |   |   |  |  |
| 23a. SIGNATURE<br><u>Ronald Medearis J. M.D.</u> (Degree or title) D  |   |  | 23b. ADDRESS<br><u>220 Grandview Blvd.</u>  |   | 23c. DATE SIGNED<br><u>7-13-56</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>   | 24b. DATE<br><u>7-13-56</u>   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Sweet Springs Cemetery</u>                      | 24d. LOCATION (City, town, or county) (State)<br><u>Sweet Springs, Mo.</u>  |   |  |  |
| DATE REC'D BY LOCAL REG.<br><u>7-13-56</u>  | REGISTRAR'S SIGNATURE<br><u>Neva Marshall</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Ralph A. Fulton, Kansas City, Kansas</u> ADDRESS   |   |  |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING JEWELING BLACK INK—MAKE A PERMANENT RECORD  
Donald Medearis, Jr.

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 *R. A. Fulton*.....

Licensed Embalmer No. *3503*.....

P. O. Address *N. C. K.*.....

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.