

with, welfare, public, service, 100, -56, diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4760

FILED MAR 6 1957

STATE FILE NUMBER
Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 783

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, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSPITAL			Length of stay in 1b 5 YRS.		d. STREET ADDRESS 707 WEST 10TH STREET		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First BRYON Middle JENNINGS Last HECKROTTE				4. DATE OF DEATH Month FEB - Day 18 Year 1957					
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH AUG. 3, 1896		9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRIC RESEMBLER			10b. KIND OF BUSINESS OR INDUSTRY BERG GIBSON MANUFACTURING CO. Battery Chargers		11. BIRTHPLACE (City and state or country) OTTAWA, KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME William Francis Heckrotte				14. MOTHER'S MAIDEN NAME MARGARET UNKNOWN					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year and unknown) (If yes, give year and date of service) No		16. SOCIAL SECURITY NO. 509-05-2371		17. INFORMANT Address 707 WEST 10TH ST. K.C., MO. Mrs. HAZEL HECKROTTE					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary							INTERVAL BETWEEN ONSET AND DEATH 4201		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 1						
20c. TIME OF INJURY Hour - Month, Day, Year a. m. p. m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from Jan 31, 1957 to Feb 18, 1957 and last saw him alive on Feb 18, 1957 Death occurred at 2:25 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Don A. Black (Degree or title) Don A. Black M.D.				22b. ADDRESS 924 Pine Bldg.			22c. DATE SIGNED 2/19/57		
23a. BURIAL, CREMATION, REMOVING (Specify) BURIAL		23b. DATE 2/20/57	23c. NAME OF CEMETERY OR CREMATORY HOPE CEMETERY		23d. LOCATION (City, town, or county) (State) OTTAWA, KANSAS				
24. FUNERAL DIRECTOR ADDRESS D.W. NEWCOMER'S SONS 1331 BAUSH CREEK K.C., MO.				25. DATE RECD. BY LOCAL REG. 2-19-57		26. REGISTRAR'S SIGNATURE Neal Minshall			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
can be all 3-21-57

MISSISSIPPI

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. Stora*

Licensed Embalmer No. *44*

P. O. Address *K. C. 110*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.