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with welfare public service

disappears in Part I, must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

51300

FILED MAR 14 1957

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Independence</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Independence</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) <u>Indep. Hospital</u>			Length of stay in lb <u>60 years</u>	d. STREET ADDRESS <u>208 So. Willow</u>		If outside, give location <u>Indep. Mo</u> Residence on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <u>Frederick G. Hefflow</u>				First <u>Frederick</u>	Middle <u>G.</u>	Last <u>Hefflow</u>	4. DATE OF DEATH Month <u>Feb</u> - Day <u>28</u> - Year <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>June - 19 - 1876</u>		9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>1</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Baker - Wholesale</u>		11. BIRTHPLACE (City and state or country) <u>Swinton Calif</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Frederick William Hefflow</u>				14. MOTHER'S MAIDEN NAME <u>Martha Lane</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Elizabeth Hefflow</u>			Address <u>Indep. Mo</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u>								INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) <u>Diabetes</u>					Interval <u>Many years</u>
			DUE TO (c) <u>Arteriosclerosis</u>					Interval <u>15 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) - <u>High Blood Pressure - Moderate</u> <u>Cardio-Vascular - Renal Disease</u> <u>260X</u>								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
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.)					
20c. TIME OF INJURY Hour <u>5:45</u> a. m. <u>PM</u> Month, Day, Year								
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 <u>April 1940</u> to <u>Feb 28, 1957</u> and last saw <u>him</u> alive on <u>2-28-57</u> Death occurred at <u>5:45 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Estel Watson MD</u>				22b. ADDRESS <u>129 N Lexington</u> <u>Independence Mo</u>		22c. DATE SIGNED <u>3-5-57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)	
<u>Burial</u>		<u>Mar. 4-1957</u>	<u>Mound Grove</u>		<u>Independence Mo</u>			
24. FUNERAL DIRECTOR <u>Poland R. Speaks - Indep. Mo</u>				25. DATE RECD. BY LOCAL REG. <u>3-4-57</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>		

(Licensed Embalmer's Statement on Reverse Side)

MAR 11 1957

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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 *Roland R. Speck*

Licensed Embalmer No. *36*

P. O. Address *Indy*

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.