

pt. Health,  
, & Welfare  
S. Public  
th Service

S. 300  
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.  
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

K. L. Shireman

FILED MAY 29 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-018248

STATE FILE NUMBER  
2425

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2425

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		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARKS HOSPITAL		d. STREET ADDRESS (If outside, give location) 543 PARK AVENUE	
3. NAME OF DECEASED (Type or print) First ANNA Middle ELLEN Last HEFLIN		4. DATE OF DEATH Month MAY Day 11 Year 1958	
5. SEX FEMALE	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 DEC. 23. 1866
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOMEMAKER - HOUSEWIFE DOMESTIC		11. BIRTHPLACE (City and state or country) MOSELLE MISSOURI U.S.A.	
13a. FATHER'S NAME UNKNOWN STRATTON		14. NAME OF HUSBAND OR WIFE WILLIAM E. HEFLIN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT MRS. COLETA FISCHUS LEANOR RANSAS	
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 Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary Artery arteriosclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			19. INTERVAL BETWEEN ONSET AND DEATH 2 weeks 4201
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 _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) KANSAS CITY JACKSON MO	
21. I attended the deceased from Death occurred at MAY 11 1958 7:25 P.M. to MAY 12 1958 and last saw her/him alive on MAY 11 1958		22a. SIGNATURE (Degree or title) K. L. Shireman M.D.	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE MAY 14 1958	
23c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON CEM.		23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS 1331 BRUSH CREEK KANSAS CITY, MO		25. DATE RECD. BY LOCAL REG. 5-13-58	
		26. REGISTRAR'S SIGNATURE neva minshall	

(Licensed Embalmer's Statement on Reverse Side)

KCP

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 *Raymond M. Hardy* .....

Licensed Embalmer No. *4913* .....

P. O. Address *Indep, Mo* .....

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.