. Health,
& Welfare
. Public
h Service

S. 300
. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-025540
STATE FILE NUMBER 3611

FILED AUG 15 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Moniteau
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Kansas City — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN California 0681 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hosp. — Length of stay in 1b 63 days	d. STREET ADDRESS (If outside, give location) 406 Rice Blvd. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Mary	Middle: T	Last: Heck	4. DATE OF DEATH Month Day Year: July 26, 1958		
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: July 30, 1905	9. AGE (In years last birthday): 52	IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home	10b. KIND OF BUSINESS OR INDUSTRY: --	11. BIRTHPLACE (City and state or country): Missouri	12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME: Charles B. Turney	13b. MOTHER'S MAIDEN NAME: Myrtle Hambley	14. NAME OF HUSBAND OR WIFE: Richard W. Heck			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 491-24-0934	17. INFORMANT: Richard W. Heck	Address: California, Mo.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Congestive Heart Failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Mitral Stenosis

DUE TO (c) Rheumatic Fever, inactive — 40 yr

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 2-13-57, to 7-26-58 and last saw her/him alive on 7-26-58

Death occurred at 9-4 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: R.K. Skillman (Degree or title) M.D. — 22b. ADDRESS: 1635 Wyandotte KC, Mo — 22c. DATE SIGNED: 7-26-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: July 26, 1958	23c. NAME OF CEMETERY OR CREMATORY: Masonic Cemetery	23d. LOCATION (City, town, or county) (State): California, Missouri	
24. FUNERAL DIRECTOR ADDRESS: Stine & McClure Undertaking Co, KC, Mo		25. DATE RECD. BY LOCAL REG.: 7-26-58	26. REGISTRAR'S SIGNATURE: Neva Minshall	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

R.K. Skillman

SEP 1958 SEP 18 1958

B A

JUN 3 1960

1-5663

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 Eugene L. Kenn

Licensed Embalmer No. 4633

P. O. Address R. E. 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.