

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028932

STATE FILE NUMBER

FILED SEP 2 1958 Registration District No. 137 Primary Registration District No. 5513 Registrar's No. 876

1. PLACE OF DEATH a. COUNTY <i>Henry</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Leesville twp</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>Kansas City</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Clinton Mo RT 2</i>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <i>1002 E 33rd</i>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last <i>JOSEPH NORMAN HEIL</i>			4. DATE OF DEATH Month Day Year <i>Aug 23 1958</i>		
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Nov. 15, 1898</i>	9. AGE (In years last birthday) <i>59</i>	IF UNDER 1 YEAR Months Days Hours Min. <i>9 8 - -</i>	IF UNDER 24 HRS. Hours Min. <i>- -</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Engineer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Engineer</i>	11. BIRTHPLACE (City and state or country) <i>Easton Pa.</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>John R Heil</i>	13b. MOTHER'S MAIDEN NAME <i>Carrie Pauli</i>	14. NAME OF HUSBAND OR WIFE <i>Mary Lee Males Heil</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>3</i>	16. SOCIAL SECURITY NO.	17. INFORMANT Address <i>Miss Dan Hammond. Clinton Mo RT 2</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial Infarction</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Instant</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ <i>4201</i>		
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 <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from death until he or she died and last saw her alive on <i>D. O. A.</i> Death occurred at <i>by heart attack - myocardial infarction</i> on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) <i>Wm Cradshaw, MD. (Navy Lt Colonel)</i>	22b. ADDRESS <i>Clinton, Mo.</i>	22c. DATE SIGNED <i>8-23-58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>8/25/53</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Englewood</i>	23d. LOCATION (City, town, or county) (State) <i>Clinton Mo.</i>
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24. FUNERAL DIRECTOR ADDRESS <i>SCHABERG FUNERAL HOME</i>	25. DATE RECD. BY LOCAL REG. <i>8-27-58</i>	26. REGISTRAR'S SIGNATURE <i>Mildred Bigum</i>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JAN 9 1959

SEP 23 1958

SEP 25 1958

SEP 4 1958

DEC 13 1958

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 F. L. Schaberg

Licensed Embalmer No. 4513  
P. O. Address Clinton

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.