

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009450

FILED APR 8 1959 Registration District No. 149 Primary Registration District No. 1002 STATE FILE NUMBER Registrar's No. 1485

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 Raytown 7000 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hosp.		Length of stay in 1b 5 hrs	d. STREET ADDRESS (If outside, give location) 10812 E 59th Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Susan Joanne Heriford			4. DATE OF DEATH Month Day Year March 20, 1959	
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 26, 1957	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months Days Hours Min. 8	IF UNDER 24 HRS
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, verify retired) Child	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Auburn, Neb.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Roland Heriford	13b. MOTHER'S MAIDEN NAME Claire Wheeler	14. NAME OF HUSBAND OR WIFE none
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Roland Heriford Address Raytown, Mo
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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>Waterhouse Friedrichson Syndrome</i>		INTERVAL BETWEEN ONSET AND DEATH <i>18 hrs</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	4 hrs
	DUE TO (c) <i>Shock</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 6571		19. WAS AUTOPSY PERFORMED? 1 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.)
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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
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21. I attended the deceased from Death occurred at <i>20 March 59</i> , to <i>20 March 59</i> and last saw her alive on <i>20 March 59</i> on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Jack M. Davis MD</i>	22b. ADDRESS <i>Raytown Mo.</i>	22c. DATE SIGNED <i>21 Mar 59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Mar. 21, 1959	23c. NAME OF CEMETERY OR CREMATORY Removal to Auburn, Neb	23d. LOCATION (City, town, or county) (State) Auburn, Neb.
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24. FUNERAL DIRECTOR Stine & McClure	ADDRESS Kansas City, Mo.	25. DATE RECD. BY LOCAL REG. 3-21-59	26. REGISTRAR'S SIGNATURE <i>new Minshall</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Jack M. Davis

(15)

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 *Thomas A. Kehler*

Licensed Embalmer No. *4995*
P. O. Address *K.C., 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.