

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013335

STATE FILE NUMBER

FILED MAY 13 1959

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

1920

300
-57

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| 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>Kansas City</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) <u>Gen. Hospital</u> | | Length of stay in lb — | d. STREET ADDRESS (If outside, give location) <u>2940 Forest</u> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last <u>MARGARET M HEIMERMAN</u> | | | 4. DATE OF DEATH Month Day Year <u>4 15 59</u> | | | |
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|-------------------------|----------------------------------|---|--------------------------------------|--|--------------------------------|--------------------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>1/21/1897</u> | 9. AGE (In years less birthday) <u>62</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
|-------------------------|----------------------------------|---|--------------------------------------|--|--------------------------------|--------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u> | 11. BIRTHPLACE (City and state or country) <u>Kansas City, Kansas</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Daniel Kussey</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary O'Connell</u> | 14. NAME OF HUSBAND OR WIFE <u>Bartholomew Heimerman</u> |
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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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>487-34-2885</u> | 17. INFORMANT <u>Mrs. Ralph P. Correll</u> | Address <u>1807 New Jersey City, Kansas</u> |
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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) <u>myocardial infarction</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Arteriosclerotic heart disease</u> | |
| | DUE TO (c) _____ | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>42ac</u> | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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 <u>4-15-59</u> to <u>4-15-59</u> and last saw her alive on <u>4-15-59</u> Death occurred at <u>8:15 p m</u> m on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE <u>Abraham Gelpen</u> | (Degree or title) | 22b. ADDRESS <u>Gen. Hospital</u> | 22c. DATE SIGNED <u>4-16-59</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>4/17/59</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Mount St. Marys Cemetery</u> | 23d. LOCATION (City, town, or country) (State) <u>Kansas City, Missouri</u> |
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| 24. FUNERAL DIRECTOR <u>Daniela Bros.</u> | ADDRESS <u>Kansas City, Kansas</u> | DATE RECD. BY LOCAL REG. <u>4-17-59</u> | 26. REGISTRAR'S SIGNATURE <u>Neval Marshall</u> |
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(Licensed Embalmer's Statement on Reverse Side)

Abraham Gelpen in use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 George F. Porter....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed George F. Porter.....

Licensed Embalmer No. 3659.....

P. O. Address A.C.K......

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.