

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015382

FILED VS APR 26 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1987

STATE FILE NUMBER

DED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>JACKSON</u>		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
Length of stay in 1b <u>59 yrs.</u>		c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSP.</u>		d. STREET ADDRESS (If outside, give location) <u>102 NORTH MERSINGTON AVE.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		First <u>NUMA</u>		Middle <u>F</u>		Last <u>HEITMAN</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>OCT 26, 1900</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN ADVERTISING</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (last birthday) <u>59 yrs.</u>		11. BIRTHPLACE (City and state or country) <u>KANSAS CITY MO.</u>	
13a. FATHER'S NAME <u>NUMA F. HEITMAN</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA COLEMAN</u>		14. NAME OF HUSBAND OR WIFE <u>MABEL HEITMAN</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>496 05 4128</u>		17. INFORMANT <u>HEITMAN</u>		Address <u>102 NORTH MERSINGTON AVE.</u>	
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>Carcinoma of head of pancreas</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		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	
21. I attended the deceased from <u>July 27, 1959</u> to <u>April 7, 1960</u> and last saw him alive on <u>April 7, 1960</u> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.							
22. SIGNATURE (Degree or title) <u>James H. O'Neil M.D.</u>				22b. ADDRESS <u>425 E 63rd St.</u>		22c. DATE SIGNED <u>4-8-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>APRIL 9, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEM.</u>		23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>J.D. W. NEWCOMER'S SONS K.C. MO.</u>				25. DATE RECD. BY LOCAL REG. <u>4-8-60</u>		26. REGISTRAR'S SIGNATURE <u>neva minshall</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Albert L. Savage

Licensed Embalmer No. 4812

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.