

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042050

FILED VS NOV 17 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5454 STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in lb <b>48 years</b>	c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>6811 East 13th. Terr.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Gustave</b> Middle <b>Heberling</b> Last			4. DATE OF DEATH Month <b>Oct.</b> Day <b>28,</b> Year <b>1960</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4/18/1893</b>	9. AGE (last birthday) <b>67</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Black, Sivalls, Bryson</b>		11. BIRTHPLACE (City and state or country) <b>Romania</b>	
10c. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Fredrick Heberling</b>		13b. MOTHER'S MAIDEN NAME <b>Fredricka Hoffman</b>	
13c. NAME OF HUSBAND OR WIFE <b>Laura Heberling</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			
16. SOCIAL SECURITY NO. <b>504-10-5662</b>		17. INFORMANT Address <b>Laura Heberling 6811 E. 13th. Terr.</b>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma Left Kidney</b>		INTERVAL BETWEEN ONSET AND DEATH
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 <b>10/28/60</b>	COUNTY <b>10/28/60</b>	STATE
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21. I attended the deceased from 5/1/60 to 10/28/60 and last saw <sup>her</sup>him alive on 10/28/60  
 Death occurred at 7:40 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Arthur B. R... M.D.</i>	(Degree or title)	22b. ADDRESS <i>6308 Superior Rd., K.C., Mo.</i>	22c. DATE SIGNED <i>11/1/60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>10/31/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Menno Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Menno, South Dakota</b>
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24. FUNERAL DIRECTOR <b>Earp &amp; Sons</b>	ADDRESS <b>4707 Truman Rd. K. C., Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>10-29-60</b>	26. REGISTRAR'S SIGNATURE <i>H. L. Sawyer</i>
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BY AFFIDAVIT OF MEDICAL CERTIFICATION DOCUMENT

**STATEMENT BY LICENSED EMBALMER**

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*James W. Eayp*

Licensed Embalmer No. 462

P. O. Address N.C., Mo

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