

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001729

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 183 STATE FILE NUMBER

AMENDED
DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
SHOULD READ
BY AFFIDAVIT OF

FILED JAN 25 1962

| | | | | | |
|---|---|---|--|--|--|
| 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 | | Length of stay in 1b 2 days | | c. CITY OR TOWN Kansas City | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Memorial Hosp. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 1237 West 67th St. | |
| 3. NAME OF DECEASED (Type or print) First Sean Middle Holden Last Heflin | | | 4. DATE OF DEATH Month January Day 10 Year 1962 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 1-8-1962 | 9. AGE (last birthday) 2 | IF UNDER 1 YEAR Months 2 Days 2 Hours 2 Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Kansas City, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME Larry H. Heflin | | 13b. MOTHER'S MAIDEN NAME Nancy Diane Hall | |
| 14. NAME OF HUSBAND OR WIFE | | 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 Larry H. Heflin, 1237 W. 67th St. | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BILATERAL PULMONARY ATALECTASIS DUE TO (b) PREMATURITY DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 DAYS 2 DAYS |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PROBABLE HYALINE MEMBRANE DISEASE | | | | | 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 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.) | | | |
| 20c. TIME OF INJURY Hour 10:30 a.m. Month, Day, Year JAN 10 1962 | 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 Kansas City, Mo. |
| 21. I attended the deceased from JAN 8 1962 to JAN 10 1962 and last saw him alive on JAN 10 1962 Death occurred at BAPTIST HOSP 10:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE Robert C. Swisher MD | | | 22b. ADDRESS 425 E 63rd St | | 22c. DATE SIGNED JAN 12 1962 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 1-12-1962 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery | | 23d. LOCATION (City, town, or county) Kansas City, Mo. | |
| 24. FUNERAL DIRECTOR Melody-McGilley-Eylar, | | ADDRESS 20 West Linwood K. C. Mo. | | 25. DATE RECD. BY LOCAL REG. 1-12-62 | 26. REGISTRAR'S SIGNATURE Ruth Long |

(Licensed Embalmer's Statement on Reverse Side)

Mr. Smith
425 E. 63rd

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 Hayden E. Dickerson

Licensed Embalmer No. 5120

P. O. Address K.E. 9, 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.