

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-043977

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6101 STATE FILE NUMBER

FILED DEC - 2 1963

VS 300 Rev. 4/59	AMENDED				
1	DATE AMENDED				
23 8/68					
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12 92-2					
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ITEM NO.	SHOULD READ				

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
Frank E. Day

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) Kansas City		Length of stay in 1b 34 Years	c. CITY OR TOWN Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Baptist Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 632 East 70 Terrace
3. NAME OF DECEASED (Type or print) RAY W. HEISLER		First RAY	4. DATE OF DEATH Month Nov. Day 8, Year 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-14-1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner Heisler Engraving Company		10b. KIND OF BUSINESS OR INDUSTRY Kanopolis, Kansas	9. AGE (last birthday) 70
13a. FATHER'S NAME Delbert Heisler		13b. MOTHER'S MAIDEN NAME Edith A. Jackson	11. BIRTHPLACE (City and state or country) Kanopolis, Kansas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. 1		16. SOCIAL SECURITY NO. [REDACTED]	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute coronary thrombosis		12. CITIZEN OF WHAT COUNTRY U.S.A.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arterio sclerosis		14. NAME OF HUSBAND OR WIFE Grace L. Heisler	
DUE TO (c) _____		17. INFORMANT Grace L. Heisler	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		17. INFORMANT Address 632 E. 70 Terr. K.C., Mo.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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 June 21, 1962 to Nov 8, 1963 and last saw him alive on Nov 6, 1963 Death occurred at 5pm on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Frank E. Day M.D.		22b. ADDRESS 4314 89th of KC Mo 11-863	
22c. DATE SIGNED 11-8-63		22d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 11, 1963	
23c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
24. FUNERAL DIRECTOR Freeman Mortuary.		25. DATE RECD. BY LOCAL REG. 11-9-63	
ADDRESS Kansas City, Mo.		26. REGISTRAR'S SIGNATURE Bessie Smith	

USE BLACK INK OR TYPEWRITER RIBBON

RECEIVED

620 BENVINGTON

N. E. Hospital

DR. FRANK JAY

0-1-0
08-4

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 J. S. Freeman

Licensed Embalmer No. 2939

P. O. Address H. 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.