

FILED JAN 12 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40984  
5938

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5938

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, write RURAL and give township) OR TOWN Kansas City  
c. LENGTH OF STAY (In this place) 3 yrs.

c. CITY OR TOWN Kansas City  
d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Menohah Med. Center  
STREET ADDRESS (If rural, give location) 4020 Troost

3. NAME OF DECEASED  
a. (First) Felix b. (Middle) Heim c. (Last) Heim

4. DATE OF DEATH (Month) (Day) (Year) 12 25 54

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single

8. DATE OF BIRTH Nov. 13, 1886

9. AGE (In years last birthday) 68  
IF UNDER 1 YEAR Months Days  
IF UNDER 12 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman

10b. KIND OF BUSINESS OR INDUSTRY Parkview Drugs

11. BIRTHPLACE (City and State or Foreign Country) Germany

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Moritz Heim

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Never Married

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. 493-22-1035

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sol Heim, brother 313 E. 43rd. St.

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
  
\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Recent and old Myocardial Infarct  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Thrombosis of Left Coronary Artery  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
4201

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1952, to Dec 25, 1954, that I last saw the deceased alive on Dec 25, 1954, and that death occurred at 7:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE Jack W. Wolf (Degree or title) D

23b. ADDRESS 415 E. 63 Kansas City Mo

23c. DATE SIGNED 12/27/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation

24b. DATE Dec. 28, 1954

24c. NAME OF CEMETERY OR CREMATORY Newcomer's

24d. LOCATION (City, town, or county) (State) Kansas City Missouri

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 12-28-54 Neva Marshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE UND. CO. K.C.MO.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Elmo D. Triplett*.....

Licensed Embalmer No. *7817*.....

P. O. Address *Kansas City*.....

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.