

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

4563-036198
STATE FILE NUMBER

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

DO NOT WRITE ON THIS STUB
AMENDED

VS 300 Rev. 4/59	DATE AMENDED
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23948	
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

FILED SEP 23 1963	
1. PLACE OF DEATH	
a. COUNTY Jackson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City	a. STATE Missouri b. COUNTY Jackson
Length of stay in 1b 33 yrs	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital	d. STREET ADDRESS (If outside, give location) 108 W. 80th Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)	
First Violetta Middle R Last Heagy	4. DATE OF DEATH
5. SEX Female	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 2-28-1901
9. AGE (last birthday) 62	IF UNDER 1-YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Rosedale, Kansas	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Andrew J. Stilwell	13b. MOTHER'S MAIDEN NAME Minnie Randall
14. NAME OF HUSBAND OR WIFE Herald E. Heagy	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
17. INFORMANT Herald E. Heagy, 108 W. 80th KC Mo	Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Circulatory Failure	INTERVAL BETWEEN ONSET AND DEATH 24 hrs
DUE TO (b) Ca of Lung	1 yr
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 checked="" 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 Nov 12, 1952 to Sept 9, 1963 and last saw her alive on Sept 9, 1963
21. I attended the deceased from Nov 12, 1952 to Sept 9, 1963 and last saw her alive on Sept 9, 1963 Death occurred at 12:15 m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Orval T. Needels MD (Degree or title)	22b. ADDRESS 7400 Wornall KCMO
22c. DATE SIGNED Sept 9, 1963	22d. LOCATION (City, town, or county) Kansas City, Missouri
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-11, 1963
23c. NAME OF CEMETERY OR CREMATORY Floral Hills	23d. LOCATION (City, town, or county) Kansas City, Missouri
24. FUNERAL DIRECTOR Floral Hills Funeral Home ADDRESS Kansas City, Missouri	25. DATE RECD. BY LOCAL REG. 9-10-63
26. REGISTRAR'S SIGNATURE Bessie Smith	

(Licensed Embalmer's Statement on Reverse Side)

SEP 23 1963

Mem dated 9/23/63
7400 Wernicke Rd
St. Louis, Mo
8-3-9121

8448

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850

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 John R. Edmon

Licensed Embalmer No. 4531

P. O. Address Kansas City, 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.