

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032719
STATE FILE NUMBER

FILED SEP 16 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4110

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		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4138 E. 11th STR.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Length of stay in lb 5 Mo.	
d. STREET ADDRESS 4138 EAST 11th STREET		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last EFFIE ARMENTIA HEATHER		4. DATE OF DEATH Month Day Year AUG. 28 1958	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT. 2, 1881
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	
11. BIRTHPLACE (City and state or country) CALIFORNIA, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME PLESANT WILLIAM REED		13b. MOTHER'S MAIDEN NAME AMANDA JANE COOPER	
14. NAME OF HUSBAND OR WIFE JOHN J. HEATHER		Address 4138 E. 11th STR., KANSAS CITY, MO.	
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 MRS. CORNELIA E. LONG		Address 4138 E. 11th STR., KANSAS CITY, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis - Pulmonary embolism DUE TO (b) Hypertension + Myocarditis DUE TO (c) 443 K PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH 6 hours	
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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 July 1958 to Aug 28/1958		COUNTY STATE	
21. I attended the deceased from Death occurred at 10:35 a.m. on the date stated above; and to the best of my knowledge from the causes stated.		22a. SIGNATURE (Degree or title) Richard C. Sheek	
22b. ADDRESS 1210 East Pers 40		22c. DATE SIGNED Aug 27, 1958	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE AUG-28-1958	
23c. NAME OF CEMETERY OR CREMATORY -		23d. LOCATION (City, town, or county) (State) CALIFORNIA MISSOURI	
24. FUNERAL DIRECTOR DW. NEWCOMER'S SONS		25. DATE RECD. BY LOCAL REG. 8-28-58	
ADDRESS 1331 BRUSH CREEK KANSAS CITY, MISSOURI		26. REGISTRAR'S SIGNATURE Neva Marshall	

(Licensed Embalmer's Statement on Reverse Side)

Richard C. Sheek USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Secretary, colorator, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

SEP 10 1958



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 *E. D. Nelson*

Licensed Embalmer No. *4421*

P. O. Address *K.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.