

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16209

State File No. 2084

BIRTH NO. 28796-49 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

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 0		c. LENGTH OF STAY (In this place) 2 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY			
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Vincent's Hospital			d. STREET ADDRESS (If rural, give location) S1745 Summit Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) INFANT		b. (Middle) (BOY)	c. (Last) WEAVER	4. DATE OF DEATH (Month) (Day) (Year) May 10, 1949		
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married 0	8. DATE OF BIRTH May 8, 1949	9. AGE (In years last birthday)	10. IF UNDER 1 YEAR Days Hours Min. 1 17 33	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) KANSAS CITY, MO. 0		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME BURVEL D. WEAVER		13b. MOTHER'S MAIDEN NAME MARY MARTINEZ		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) --		16. SOCIAL SECURITY NO. --	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Burvel Weaver 1745 Summit			
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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PREMATUREITY  ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Anoxemia rise to the above cause (a) stating the underlying cause last.  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  7625			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 8, 1949, to May 10, 1949, that I last saw the deceased alive on May 10, 1949, and that death occurred at 4:50 A.M., from the causes and on the date stated above.						
23a. SIGNATURE Bailey C. Andrews (Degree or title) Bailey C. Andrews M.D.			23b. ADDRESS 315 Alameda Road		23c. DATE SIGNED 5/11/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE May 11, 1949	24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.			
DATE REC'D BY LOCAL REG. 5-12-49		REGISTRAR'S SIGNATURE Maudine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Quirk & Robin Co		ADDRESS 20 West Linwood	

(Licensed Embalmer's Statement on Reverse Side)

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

**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 .....  
Student Embalmer

Signed Mark Adair

Licensed Embalmer No. 4016

P. O. Address 28 W Pennwood

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 this body is not embalmed, fact should be so stated above.