

FILED AUG 28 1950

STANDARD CERTIFICATE OF DEATH

State File No. 27166
3460

BIRTH NO. _____ 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 Mo b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (In this place) 2 1/2 YRS		d. STREET ADDRESS (If rural, give location) 819 E 11 TH	
d. FULL NAME OF HOSPITAL OR INSTITUTION 819 E 11 TH			

3. NAME OF DECEASED (Type or Print) a. (First) HUGO		b. (Middle) F		c. (Last) WESTON		4. DATE OF DEATH (Month) (Day) (Year) 8 10 50					
5. SEX M	6. COLOR OR RACE INDIAN	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIV 3		8. DATE OF BIRTH DEC 15 1906		9. AGE (In years last birthday) 43		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK		10b. KIND OF BUSINESS OR INDUSTRY GOUT		11. BIRTHPLACE (State or foreign country) FLANDREAU S.D.			12. CITIZEN OF WHAT COUNTRY? USA				

13a. FATHER'S NAME SAMUEL H WESTON	13b. MOTHER'S MAIDEN NAME SARAH ST. CLOUD	14. NAME OF HUSBAND OR WIFE ---
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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. UNK	17. INFORMANT'S SIGNATURE OR NAME SARAH WESTON FLANDREAU	ADDRESS SD
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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) Cause of death unknown		INTERVAL BETWEEN ONSET AND DEATH 79.5
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION no operation to sign Post Permit	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. OWENS (Degree or title) Hugh H. Owens, owner	23b. ADDRESS 1034 Pauline Bldg	23c. DATE SIGNED 8-11-50
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) REMOVAL	24b. DATE 8/11/50	24c. NAME OF CEMETERY OR CREMATORY INDIAN CEM	24d. LOCATION (City, town, or county) (State) FLANDREAU S.D.
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DATE REC'D BY LOCAL REG. 8-12-50	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE SEBBETO'S	ADDRESS KC Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 3 1953
AUG 3 1953

JAN 22 1953

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Roy E Snow

Signed.....
Student Embalmer

Licensed Embalmer No. 2560

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