

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10. 48

FILED JAN 25 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 207

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wheatley Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1703 Park Ave.</u>	
3. NAME OF DECEASED a. (First) <u>Bobbie</u> b. (Middle) <u>-</u> c. (Last) <u>Weaver</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 13 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>col.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>March 8, 1905</u>
9. AGE (In years last birthday) <u>46 yrs.</u>		11. BIRTHPLACE (State or foreign country) <u>Bluff, Arkansas</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Care cleaner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ma Pacific - R. T. Co.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Robert Weaver</u>	
13b. MOTHER'S MAIDEN NAME <u>Lizzie Holmes</u>		14. NAME OF HUSBAND OR WIFE <u>Earl Walker</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-05-1159</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Dillie Weaver</u>		ADDRESS <u>1703 Park Ave.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Joyemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma Head of the Pancreas</u> 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 <u>12-17-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of the Pancreas - Metastases to liver</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>157X</u>	
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)	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 <u>1-9-52</u> , 19 <u>52</u> , to <u>1-13-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>1-13-52</u> , and that death occurred at <u>11:50p.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Royce B. Fleming</u> (Degree or title)		23b. ADDRESS <u>1433 E-19th</u>	23c. DATE SIGNED <u>1-14-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Jan 17, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>
DATE REC'D BY LOCAL REG. <u>1-14-52</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Allen</u> ADDRESS <u>4415 Truman Rd</u>	

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 Ed. Davis

Licensed Embalmer No. 4419

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