

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24721

State File No. _____

BIRTH NO. 150 AUG 4 1952 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 33785

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 OR TOWN <u>KANSAS CITY</u>	c. LENGTH OF STAY (in this place) <u>5 days</u>	c. CITY OR TOWN <u>KANSAS CITY</u>	<u>3888</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>3400 West 69th Street</u>	

3. NAME OF DECEASED (Type or Print) <u>FRANK</u>	a. (First) <u>FRANK</u>	b. (Middle) <u>Weaver, Sr.</u>	c. (Last) <u>Weaver, Sr.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7 9 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Sept 24 1907</u>	9. AGE (In years last birthday) <u>44</u>	10. MONTHS <u>7</u>	11. DAYS <u>9</u>	12. HOURS <u>11:44</u>	13. MIN. <u>44</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of preceding life, even if retired) <u>SECRETARY</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Roddis Woodberry Vancor Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Dr. G. Weaver</u>	13b. MOTHER'S MAIDEN NAME <u>Rhoda Brown</u>	14. NAME OF HUSBAND OR WIFE <u>FRANCES W. WEAVER</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>486-09-6203</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Francis W. Weaver</u>	ADDRESS <u>3400 W. 69th St.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal obstruction, small bowel, due to gangrene</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Interference to blood supply</u> <u>Small bowel, cause indeterminate</u>		
	DUE TO (c) <u>electrolyte imbalance</u> <u>Surgical shock.</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Disturbed circulation to about 10 ft small bowel thought to be due to volvulus</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (a.e., 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 July 4 1952, to July 9 1952, that I last saw the deceased alive on July 9 1952, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>P. J. O'Connell, M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>327 Agate Bldg K.C. Mo</u>	23c. DATE SIGNED <u>7/11/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 12 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City MO</u>
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DATE REC'D BY LOCAL REG. <u>7-12-52</u>	REGISTRAR'S SIGNATURE <u>Heraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>DW Newman's Sons</u>	ADDRESS <u>1331. BRUSH CREEK Kansas City Mo</u>
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(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 John R. Sedmon
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 this body is not embalmed, fact should be so stated above.