

5. No. 300
17. 19-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6459**
Registrar's No. **65**

FILED FEB 21 1953

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026**

7005

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

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 Independence	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Independence	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium		e. STREET ADDRESS (If rural, give location) 9904 Winner Road 7005	

3. NAME OF DECEASED (Type or Print) a. (First) Helen	b. (Middle)	c. (Last) Weeks	4. DATE OF DEATH (Month) (Day) (Year) Feb. 6 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED Never married	8. DATE OF BIRTH March 16, 1900	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months 10 Days 26	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor	10b. KIND OF BUSINESS OR INDUSTRY Rest Home	11. BIRTHPLACE (City and State or Foreign Country) Marshall Co Iowa	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Charles Weeks	13b. MOTHER'S MAIDEN NAME Emma Howe	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 488-36-7259	17. INFORMANT'S SIGNATURE OR NAME Katherine Blumenschein	ADDRESS Indep
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Fractured ribs, Hemorrhage, Tharax, Ruptured Liver		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid 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. E 8164 26		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jackson MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2-6-53	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Auto Car Collision
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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 Irish H. Owens	(Degree or title) Coroner	23b. ADDRESS 1034 Piato Bldg	23c. DATE SIGNED 2-7-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-9-53	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Marshall Co Iowa
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DATE REC'D BY LOCAL REG. 2-9-53	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Roland R. [Signature]	ADDRESS Indep
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(Licensed Embalmers' Statement on Reverse Side)

MAR 30 1954

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 *Wayne A. Hallemma*.....

Licensed Embalmer No. *4627*.....

P. O. Address *Idip 71*.....

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.