

FILED AUG-19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 28926
3915

BIRTH NO. 44030 REG. DIST. NO. 199 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		c. LENGTH OF STAY (in this place) life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		d. STREET ADDRESS (If rural, give location) 1019 E. 12			
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1				3148					
3. NAME OF DECEASED (Type or Print) a. (First) Helen		b. (Middle) Irene		c. (Last) Weaver		4. DATE OF DEATH (Month) (Day) (Year) 7 12 1953			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH 7-11-1953			
9. AGE (In years last birthday) 16		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hour Min. 16			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo.			
12. CITIZEN OF WHAT COUNTRY? U. S.				13a. FATHER'S NAME --		13b. MOTHER'S MAIDEN NAME Della Grace Adams			
14. NAME OF HUSBAND OR WIFE --				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) --					
16. SOCIAL SECURITY NO. --				17. INFORMANT'S SIGNATURE OR NAME Record Clerk-General Hosp. No. 1					
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 776X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 11, 1953, to July 12, 1953, that I last saw the deceased alive on July 12, 1953, and that death occurred at 1:35A m., from the causes and on the date stated above.									
23a. SIGNATURE B.I. Burns (Degree or title)				23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 7-14-53			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 8-7-53		24c. NAME OF CEMETERY OR CREMATORY Field Embury		24d. LOCATION (City, town, or county) (State) Kansas City, MO			
DATE REC'D BY LOCAL REG. 8-6-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS N.C. MO			

(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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Wm. A. Johnson

Licensed Embalmer No. *3089*

P. O. Address *KC 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.