

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43237**
5709

FILED DEC 23 1953
BIRTH NO. 894402 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>	
b. CITY OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>10 hrs 39 min</u>	c. CITY (If outside corporate limits, write BUREAU and give township): <u>Prarie Village</u> 816 ⁰	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>4812 West 76</u> 8	

3. NAME OF DECEASED a. (First) <u>Mack</u> b. (Middle) <u>Austin</u> c. (Last) <u>Weaver</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-3-1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>12-2-1953</u>		9. AGE (In years last birthday) <u>10</u> 39
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Warren Wesley Weaver</u>		13b. MOTHER'S MAIDEN NAME <u>Constance Harriett Meyer</u>		14. NAME OF HUSBAND OR WIFE	
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.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mr. W. Weaver (uncle) 5611 Chesnut</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Angina's Left Lung. Death - Cordia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7541</u>
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (b) <u>Coronary</u>		
II. OTHER SIGNIFICANT CONDITIONS <u>Marie Celestine R. Lung.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (m.)	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 12-2, 1953, to 12-3, 1953, that I last saw the deceased alive on 12-3, 1953, and that death occurred at 2:55 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>William G. Mixon</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>4635 Wyandotte</u>	23c. DATE SIGNED <u>3 Dec 53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-4-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		

DATE REC'D BY LOCAL REG. <u>12-4-53</u>	REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>STINE & McCLURE UND. CO. K.C.MO.</u>
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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 *Herald A. Burger*

Licensed Embalmer No. *04763*

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.