

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43238**
5870

FILED DEC 29 1953

BIRTH NO. _____ REG. DIST. NO. 149 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. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 9 yrs.		e. STREET ADDRESS (If rural, give location) 2324 CHESTNUT 3378	
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL # 2			
3. NAME OF DECEASED (Type or Print) a. (First) NOVA		b. (Middle) L.	
c. (Last) WEAVER		4. DATE OF DEATH (Month) (Day) (Year) Dec. 10, 1953	
5. SEX 3 FEMALE	6. COLOR OR RACE N EGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH May 8, 1922
9. AGE (In years last birthday) 31		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MUSICIAN	11. BIRTHPLACE (City and State or Foreign Country) MISSISSIPPI
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME HARVEY MCGEE	
14. MOTHER'S MAIDEN NAME SAVANAH MCNATR		15. NAME OF HUSBAND OR WIFE LAWRENCE WEAVER JR.	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. SOCIAL SECURITY NO. No	
18. INFORMANT'S SIGNATURE OR NAME LAWRENCE WEAVER JR. U.S. AIR FORCE		ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERSTITIAL & INTRAVENTRICULAR HEMORRHAGE OF THE BRAIN WITH ENCEPHALOMALACIA	
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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		330X	
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>11-9-</u> , <u>1953</u> , to <u>12-11</u> , <u>1953</u> , that I last saw the deceased alive on <u>12-11</u> , <u>1953</u> , and that death occurred at <u>1:17A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE E. Frank Ellis		23b. ADDRESS 600 E. 22nd St.	
23c. DATE SIGNED 12-14-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/14/53	24c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
DATE REC'D BY LOCAL REG. 12-14-53	REGISTRAR'S SIGNATURE Seraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Walter Lee Benton	

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.....
Signature of Student Embalmer

Signed..... *Bruce L. Walker*

Licensed Embalmer No. *4500*

P. O. Address *18th & Benton*

- 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.