

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16239**
2374

BIRTH NO. **5168 30879-54** 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 CLAY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY OR TOWN NORTH KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) LIFE		e. STREET ADDRESS (If rural, give location) 1001 E. 24th AVE	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		6001	
3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) _____ c. (Last) WEINZLER		4. DATE OF DEATH (Month) (Day) (Year) MAY 23 1954	
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH MAY 15, 1954
9. AGE (In years last birthday) _____		IF UNDER 1 YEAR Months _____ Days 7	IF UNDER 2 HRS. Hours _____ Min. _____
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 ALBERT WEINZLER	
13b. MOTHER'S MAIDEN NAME NORMA JEAN DEISTER		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) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME ALBERT WEINZLER		ADDRESS 1001 E. 24th	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intermittent pneumonia INTERVAL BETWEEN ONSET AND DEATH 12 hours ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None DUE TO (c) None 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 type="checkbox"/> NO <input type="checkbox"/>		7630	

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 **5-15, 1954** to **23 May, 1954**, that I last saw the deceased alive on **23 May, 1954** and that death occurred at **3:00 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE R.D. Dwyer (Degree or title) MD.		23b. ADDRESS 1808 North Kan City Mo		23c. DATE SIGNED 25 May 1954
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-25-54	24c. NAME OF CEMETERY OR CREMATORY Deister Cem.	24d. LOCATION (City, town, or county) (State) Parkville, Mo.	
DATE REC'D BY LOCAL REG. 5-25-54	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. W. Newcomer Bond N. K. C. Mo.		

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

Dr. Dwyer.

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 *Glenn H. Hill*.....

Licensed Embalmer No. *450*

P. O. Address *K.C. 16*

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.