

FILED FEB 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5171

State File No.

518

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 No

c. LENGTH OF STAY (In this place) 40 yrs

STREET ADDRESS (If rural, give location) 1330 Jefferson 3118

3. NAME OF DECEASED (Type or Print)
a. (First) Leon b. (Middle) _____ c. (Last) Wey 4. DATE OF DEATH (Month) (Day) (Year) 2 8 1955

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower 8. DATE OF BIRTH June 5 1883 9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor 10b. KIND OF BUSINESS OR INDUSTRY Apt Bldg. 11. BIRTHPLACE (City and State or Foreign Country) Holland 4 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Wey 13b. MOTHER'S MAIDEN NAME No record 14. NAME OF HUSBAND OR WIFE Ethel Wey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No 16. SOCIAL SECURITY NO. 486-09-6995 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Barbara June Archibald Hinsdale Illinois

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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 NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Jan. 27, 1955, to Feb. 2, 1955, that I last saw the deceased alive on Feb. 2, 1955, and that death occurred at 4:20P m., from the causes and on the date stated above.

23a. SIGNATURE B. I. Burns (Degree or title) Dr. 23b. ADDRESS 24th & Cherry 23c. DATE SIGNED 2-3-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Feb. 5 1955 24c. NAME OF CEMETERY OR CREMATORY Green Lawn 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. 2-4-55 REGISTRAR'S SIGNATURE Neva Minshall 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs C.L. Forster Funeral Home Kas. City Mo.

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..... *Dean Owens*

Licensed Embalmer No. *428*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.