

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022128
STATE FILE NUMBER
2766

FILED JUN 16 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2766

5. 300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

M. B. Casebolt
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3718 Highland		Length of stay in lb 35 Yrs.	d. STREET ADDRESS (If outside, give location) 3718 Highland
3. NAME OF DECEASED (Type or print) First JAMES Middle WALTER Last WEATHERFORD		4. DATE OF DEATH Month 5 Day 29 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12 - 7 - 1887
9. AGE (In years last birthday) 70		FUNDER 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) Ret. Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (City and state or country) Montgomery City, Mo
12. CITIZEN OF WHAT COUNTRY? U. S. A		13a. FATHER'S NAME James Walter Weatherford	
13b. MOTHER'S MAIDEN NAME Nancy Ellen Shackelford		14. NAME OF HUSBAND OR WIFE Nora Lee Weatherford	
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. 495 03 3278	17. INFORMANT Address Nora L. Weatherford 3718 Highland
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Myocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertension DUE TO (c) Arterio Sclerosis			INTERVAL BETWEEN ONSET AND DEATH 3 mo 1 year 1 yr.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4438			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY AD	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. CITY, TOWN, OR LOCATION MO	20f. CITY, TOWN, OR LOCATION MO		COUNTY STATE
21. I attended the deceased from April, 1958 to May 29, 1958 and last saw her alive May 29, 1958 . Death occurred at 9:45 a.m. on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE M. B. Casebolt MD		(Degree or title) MD	22b. ADDRESS 4000 Baltimore
22c. DATE SIGNED 5/30/58		22d. ADDRESS MO	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-31-1958	23c. NAME OF CEMETERY OR CREMATORY Floral Hills	23d. LOCATION (City, town, or county) (State) Kansas City Missouri
24. FUNERAL DIRECTOR Floral Hills Mem. Chapels, Inc		ADDRESS 5-31-58	25. DATE RECD. BY LOCAL REG. 5-31-58
26. REGISTRAR'S SIGNATURE new minshall			

all records
1000
12-1-5-115
6:00 PM
Baltimore
(initials in circle)

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 *R. P. Nofsinger*

Licensed Embalmer No. *3938*

P. O. Address *70 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.