

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032743

FILED VS OCT 13 1959

Registration District No. 50 Primary Registration District No. 5577 Registrar's No. 220

STATE FILE NUMBER

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 Rural Prairie		Length of stay in 1b 5 Mos.		c. CITY OR TOWN Lee's Summit		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson County Hosp.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Route 4		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Lucy Middle OCTAVIA Last Weaver				4. DATE OF DEATH Month October Day 3 Year 1959					
5. SEX Female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11/23/1881	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE (City and state or country) Brownington, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME John Green			13b. MOTHER'S MAIDEN NAME Harriett Murry			14. NAME OF HUSBAND OR WIFE Warren W. Weaver, dec'd.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs. R.E. Osburn, Rt. #4, Lee's Summit, Mo.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DETERMINED CAUSE BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart disease DUE TO (b) Generalized atherosclerosis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Hour s.m. p.m. Month, Day, Year 			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 5-19-59 , to 10-3-59 and last saw her/him alive on 10-3-59 Death occurred at 3:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Philip Japer, M.D. (Degree or title)				22b. ADDRESS Lee's Summit, Mo				22c. DATE SIGNED 10/5/59 (State)	
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-7-59	23c. NAME OF CEMETERY OR CREMATORY Brownington Cemetery			23d. LOCATION (City, town, or county) Brownington, Missouri			
24. FUNERAL DIRECTOR Geo. C. Carson & Sons, Independence, Mo. ADDRESS			25. DATE RECD. BY LOCAL REG. 10-6-1959		26. REGISTRAR'S SIGNATURE N. B. Longford				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Floyd C. Carson

Licensed Embalmer No. 4199

P. O. Address Indep. Ave

-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.