URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-015700

FILED VS MAY 9 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2225 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Length of stay in 1b 71 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARY'S HOSP. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2750 CHARLOTTE — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First CHARLES Middle CARL Last WEBER
4. DATE OF DEATH Month APRIL Day 20, Year 1960
5. SEX MALE
6. COLOR OR RACE CAUC.
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH JULY 2, 1888
9. AGE (last birthday) 71 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED BREWERY WORKER
10b. KIND OF BUSINESS OR INDUSTRY BREWERY
11. BIRTHPLACE (City and state or country) KANSAS CITY, MISSOURI
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME ANTONE WEBER
13b. MOTHER'S MAIDEN NAME AGATHA MERTZ
14. NAME OF HUSBAND OR WIFE MARY ELIZABETH WEBER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) ,
16. SOCIAL SECURITY NO. 486-09-5925 A
17. INFORMANT MARY E. WEBER Address 2750 CHARLOTTE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Perforated esophagus, with pneumothorax + mediastinitis — INTERVAL BETWEEN ONSET AND DEATH 12 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1945, to 4-19-60 and last saw him alive on 4-18-60
Death occurred at 7:45 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Doyle C. Whitman MD
22b. ADDRESS 18 East 11 St KC Mo
22c. DATE SIGNED 4-20-60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE APRIL 23, 1960
23c. NAME OF CEMETERY OR CREMATORY MT. ST. MARYS
23d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI
24. FUNERAL DIRECTOR MUEHLEBACH ADDRESS 6800 TROOST
25. DATE RECD. BY LOCAL REG. 4-20-60
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF Doyle C. Whitman

Mr. [illegible]
[illegible] Vi 2-5849
2.30 — 5:00 PM. Wed.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed R. E. Nichols
Signature of Student Embalmer

Licensed Embalmer No. 4997

P. O. Address K. C. M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to cor 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.