

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019684

FILED VS. MAY 24 1960 149

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2519

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Length of stay in lb <b>57 YRS.</b>		c. CITY OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>215 N. WHEELING</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>215 N. WHEELING</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>CATHERINE</b> Middle <b>-</b> Last <b>WEAVER</b>				4. DATE OF DEATH Month <b>MAY</b> Day <b>4</b> Year <b>1960</b>					
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>6-13-1863</b>	9. AGE (last birthday) <b>96</b>	IF UNDER 1 YEAR Months <b>-</b> Days <b>-</b>	IF UNDER 24 HR Hours <b>-</b> Min. <b>-</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>		11. BIRTHPLACE (City and state or country) <b>INDIANA</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>MIKE COEHLAN</b>			13b. MOTHER'S MAIDEN NAME <b>WEICH</b>			14. NAME OF HUSBAND OR WIFE <b>FRANK D. WEAVER</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT <b>MRS. RUBY DAVIS WHEELING</b>			Address <b>215 N. K.C. MO</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial failure</b> DUE TO (b) <b>Cardiac decompensation</b> DUE TO (c) <b>Arteriosclerosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <b>2 wks</b> <b>?</b> <b>?</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Senility</b>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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 <b>-</b> a.m. <b>-</b> p.m. <b>-</b>		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 <b>3/15/60</b> to <b>5/4/60</b> and last saw her alive on <b>5/4/60</b> Death occurred at <b>9:49 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>M.W. Huffman DO</b> (Degree or title)				22b. ADDRESS <b>5242 St John K.C. MO</b>			22c. DATE SIGNED <b>5/6/60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>5-7-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MT. WASHINGTON CEM.</b>		23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MO.</b>				
24. FUNERAL DIRECTOR <b>C.H. BLACKMAN &amp; SON INC. K.C. MO.</b>				25. DATE RECD. BY LOCAL REG. <b>5-6-60</b>		26. REGISTRAR'S SIGNATURE <b>neva minichell</b>			

DOCUMENT

M.W. HUFFMAN MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Ch-1-4240

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Hubert B. Baird

Licensed Embalmer No. 4888  
P. O. Address Kansas City

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.