

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

264-61-005574
STATE FILE NUMBER

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

AMENDED **FILED VS FEB 20 1961**

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| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City, Missouri</u> | | c. CITY OR TOWN <u>Kansas City, Missouri</u> | |
| Length of stay in 1b. <u>10 years</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Menorah Medical Center</u> | | d. STREET ADDRESS (if outside, give location) <u>440 E. 63rd.</u> | |
| Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First <u>Vera</u> Middle <u>Weimer</u> Last _____ | | | 4. DATE OF DEATH Month <u>January</u> Day <u>13</u> Year <u>1961</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>4-23-98</u> | 9. AGE (last birthday) <u>62 Years</u> | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife & Graduate Nurse</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Concordia, Kansas</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |

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|---|--|--|--|---|--|
| 13a. FATHER'S NAME <u>George Albert Bray</u> | | 13b. MOTHER'S MAIDEN NAME <u>Jessie Davis</u> | | 14. NAME OF HUSBAND OR WIFE <u>Earl R. Weimer</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT <u>Earl R. Weimer</u> <u>440 West 63rd St. Kansas City, Mo.</u> | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized Carcinomatous</u> <u>Carcinoma Left Breast.</u> DUE TO (b) _____ DUE TO (c) _____ | | | INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u> |
| 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 type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 Hour _____ a.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 12-7-60 to 1-13-61 and last saw her/him alive on 1-12-61
Death occurred at 5 AM on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) <u>[Signature]</u> | | 22b. ADDRESS <u>701 E 63</u> | | 22c. DATE SIGNED <u>1/13/61</u> |
| 23a. FUNERAL OPERATION, REMOVAL (Specify) <u>Cremation</u> | 23b. DATE <u>Jan. 16, 1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>D.W. Newcomer's Sons</u> | | 23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>D.W. NEWCOMER'S SONS KANSAS CITY, MISSOURI</u> | | 25. DATE RECD. BY LOCAL REG. <u>1-16-61</u> | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u> | |

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

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

Harry E. Clemens

Licensed Embalmer No. *4580*

P. O. Address *Pleasant Hill,*

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.