SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

-61-021526
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1802 Registrar's No. 2899

FILED JUN 28 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

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: 14 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Saint Mary's Hospital — 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): 1310 West 50th. St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First NORA — Middle FRANCES — Last WEAVER
4. DATE OF DEATH: Month 6 — Day 10 — Year 61
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9-12-88
9. AGE (last birthday): 72 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Malden, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Ed Lilliker
13b. MOTHER'S MAIDEN NAME: Lucy Wineland
14. NAME OF HUSBAND OR WIFE: John Schyler Weaver Sr.
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: Mr. Edward Weaver — Address: 1310 West 50th. K.C., Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchopneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Interstitial Hemorrhage
DUE TO (c): Acute Myelogenous Leukemia
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. ☐ 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 Feb '61 to 6-10-61 and last saw her alive on 6-9-61
Death occurred at 8:15 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: K. Skillman (Degree or title) M.D.
22b. ADDRESS: Kansas City, Mo
22c. DATE SIGNED: 6-10-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial
23b. DATE: 6-12-61
23c. NAME OF CEMETERY OR CREMATORY: East Lawn Cemetery
23d. LOCATION (City, town, or county) (State): Springfield, Missouri

24. FUNERAL DIRECTOR: WEILERT FUNERAL HOMES (S) — ADDRESS: K.C., MO.
25. DATE RECD. BY LOCAL REG.: 6-20-61
26. REGISTRAR'S SIGNATURE: Ruth H. Long

(Licensed Embalmer's Statement on Reverse Side)

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 Forrest D. Coldsnow

Licensed Embalmer No. 4714

P. O. Address K.C. 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.