SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

-61-041328

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5894

FILED DEC 11 1961

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: 35 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph 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) 1612 West 33rd Street — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First GUY Middle E Last WEAVER
4. DATE OF DEATH: Month November Day 22 Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3/28/1890
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 Stationary Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Grease & Oil Corp.
11. BIRTHPLACE (City and state or country): Ohio
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Stephen J. Weaver
13b. MOTHER'S MAIDEN NAME: Savannah Byers
14. NAME OF HUSBAND OR WIFE: Susie Weaver
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.
17. INFORMANT: Susie Weaver, Address: Kansas City, Missouri 1612 W. 33rd Street

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Thrombosis	10 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Essential Hypertension	unknown
DUE TO (c)	Arteriosclerosis	unknown

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 2-6-61, to 11-22-61 and last saw him alive on 11-22-61
Death occurred at 7:35 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M F Sewell (Degree or title) MD
22b. ADDRESS 1722 W 39th Kansas City Mo
22c. DATE SIGNED 11-24-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Nov. 25, 1961
23c. NAME OF CEMETERY OR CREMATORY Johnson Co. Memorial Gardens
23d. LOCATION (City, town, or county) Johnson County (State) Kansas

24. FUNERAL DIRECTOR D.W. Newcomer's Sons, ADDRESS 1331 Brush Creek Blvd. Kansas City, Mo.
25. DATE RECD. BY LOCAL REG. 11-24-61
26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. SHOULD READ INSTEAD OF DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

M. F. Sewell

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_____ Signed Vern Fowler

Signature of Student Embalmer

Licensed Embalmer No. 4915

P. O. Address KC-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.