

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-045136

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 6041

STATE FILE NUMBER

AMENDED

FILED DEC 22 1961

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY <u>Jackson</u> | b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u> | a. STATE <u>Mo</u> | b. COUNTY <u>Jackson</u> |
| Length of stay in 1b <u>40 yrs</u> | | c. CITY OR TOWN <u>Kansas City</u> | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) <u>Home</u> | | d. STREET ADDRESS (If outside, give location) <u>Janner Hotel</u> | |
| HOSPITAL OR INSTITUTION <u>504 Benton</u> | | 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>Cora</u> | Middle <u>Weyer</u> | Last <u>Weyer</u> | 4. DATE OF DEATH | Month <u>11</u> | Day <u>30</u> | Year <u>1961</u> |
|-------------------------------------|-------------------|---------------------|-------------------|------------------|-----------------|---------------|------------------|

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|----------------------|-------------------------------|--|-----------------------------------|----------------------------------|-----------------|----------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>white</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>1/30/1876</u> | 9. AGE (last birthday) <u>85</u> | IF UNDER 1 YEAR | IF UNDER 24 HR |
| | | | | Months | Days | Hours |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Surgeon</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Fur</u> | 11. BIRTHPLACE (City and state or country) <u>Belton, Mo</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u> |
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|--------------------|---------------------------|------------------------------|
| 13a. FATHER'S NAME | 13b. MOTHER'S MAIDEN NAME | 14. NAME OF HUSBAND OR WIFE. |
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| 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. | 17. INFORMANT <u>Mary D. Watson</u> | Address <u>R.C., 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: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>Cerebra Hemorrhage</u> | DUE TO (b) <u>Hypertension</u> | <u>1 day</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (c) <u>Arteriosclerosis</u> | <u>10 years</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 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.) |
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|---------------------|-----------|------------------|
| 20c. TIME OF INJURY | Hour | Month, Day, Year |
| | a.m. p.m. | |

| | | | | |
|--|--|------------------------------|--------|-------|
| 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 1-10-61 to 11-30-61 and last saw her alive on 11-30-61
 Death occurred at 8:12 AM the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <u>Frank Paul Laurenzana MD</u> (Degree or title) | 22b. ADDRESS <u>428 So. White Ave</u> | 22c. DATE SIGNED <u>11-30-61</u> |
|--|---------------------------------------|----------------------------------|

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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>12/1/61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Belton, Cemetery</u> | 23d. LOCATION (City, town, or county) <u>Belton, Mo.</u> | (State) |
|---|--------------------------|--|--|---------|

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| 24. FUNERAL DIRECTOR <u>C.H. Blackman & Son R.C., Mo</u> | ADDRESS | 25. DATE RECD. BY LOCAL REG. <u>12-1-61</u> | 26. REGISTRAR'S SIGNATURE <u>Ruth Song</u> |
|--|---------|---|--|

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF Frank Paul Laurenzana

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 Bert B Bennett

Licensed Embalmer No. 4656

P. O. Address N.C., MD

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.