

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047269-

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 7 1963

149

Primary Registration District No. 1002

6479

VS 300
Rev. 4/59

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2 3738

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
Mark Dodge

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 73 YEARS	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) WORNALL PLAZA 310 WEST 49TH STREET Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ARTHUR Middle FRANZ Last WEBER			4. DATE OF DEATH Month DECEMBER Day 17 Year 1962
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/27/89
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRESIDENT		10b. KIND OF BUSINESS OR INDUSTRY WEBER PAPER CO.	11. BIRTHPLACE (City and state or country) KANSAS CITY, MO.
13a. FATHER'S NAME WILLIAM F. WEBER		13b. MOTHER'S MAIDEN NAME SOPHIA SCHOETLIN	
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. [REDACTED]	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Employment related hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 3 d	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Post venous cinchona of liver		DUE TO (c)	
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
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 11:45 a.m. A. Month, Day, Year 12-17-62		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 1961 , to 12-17-62 and last saw her/him alive on 12-17-62 Death occurred at 11:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Mark Dodge MD</i>		22b. ADDRESS KC Mo	
22c. DATE SIGNED 12-17-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	23b. DATE DEC. 19, '62	23c. NAME OF CEMETERY OR CREMATORY D. W. NEWCOMER'S SONS	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS		ADDRESS 1331 BRUSH CR KANSAS CITY, MO.	25. DATE RECD. BY LOCAL REG. 12-19-62
		26. REGISTRAR'S SIGNATURE <i>Keith Long</i>	

Mr. Mark Dodge
Suite # 208 48320 Hornall Road
- 5.30

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 Chester H. Brown

Licensed Embalmer No. 7921

P. O. Address K P 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.