

FILED SEP 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27167
3563

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>23 yr.</u>		d. STREET ADDRESS (If rural, give location) <u>3663 Summit</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3663 Summit</u>			

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3. NAME OF DECEASED (Type or Print) a. (First) <u>STANLEY</u> b. (Middle) <u>B.</u> c. (Last) <u>WESTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 18, 1950</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 19, 1891</u>	9. AGE (In years last birthday) <u>5-8</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY <u>Employment service</u>		11. BIRTHPLACE (State or foreign country) <u>WISCONSIN</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>EGER WESTON</u>	13b. MOTHER'S MAIDEN NAME <u>CARRIE VANDERLIP</u>	14. NAME OF HUSBAND OR WIFE <u>KATHERYN WESTON</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>490-09-6047</u>	17. INFORMANT'S SIGNATURE OR NAME <u>KATHERYN WESTON</u> ADDRESS <u>3663 Summit</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Fibrillation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs.</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u>		<u>6 hrs.</u>
		DUE TO (c) _____		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Dorsal ulcer</u>		<u>4200</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from June 15, 1950, to Aug 18, 1950, that I last saw the deceased alive on 8/18, 1950, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>C.G. Leitch MD</u> (Degree or title) _____	23b. ADDRESS <u>1109 Puy Puy K & L</u>	23c. DATE SIGNED <u>8/18/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8/20/50</u>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State): <u>Madison Wis.</u>
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DATE REC'D BY LOCAL REG. <u>8-19-50</u>	REGISTRAR'S SIGNATURE <u>Heraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE & McCLURE UND. CO. KANSAS CITY, MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

01/17/1949
will be
by hand
to note

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
Student Embalmer

Signed Joseph McCarthy

Licensed Embalmer No. 4694

P. O. Address K. C. M. J.

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 this body is not embalmed, fact should be so stated above.