

FILED AUG 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27812

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3415

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, write RURAL and give town or township) Kansas City		c. LENGTH OF STAY (in this place) 20 yrs		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1				f. STREET ADDRESS (If rural, give location) 3118 Broadway					
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) H.		c. (Last) Weakley		4. DATE OF DEATH (Month) (Day) (Year) 7 14 1954			
5. SEX Ma	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 9-13-1871		9. AGE (In years last birthday) 82			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret'd Clerk		10b. KIND OF BUSINESS OR INDUSTRY Smelting Co.		11. BIRTHPLACE (City and State or Foreign Country) Lawson, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME James Weakley			13b. MOTHER'S MAIDEN NAME Emma Vin Sant		14. NAME OF HUSBAND OR WIFE Daisy Weakley				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. XX		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Grace D. Thompson, 3118 Broadway					
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of prostate				ANTECEDENT CAUSES					
DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.				177X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) m.		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 May 26, 1954 , to July 14, 1954 , that I last saw the deceased alive on July 14, 1954 , and that death occurred at 6:25 Am. , from the causes and on the date stated above.									
23a. SIGNATURE B. F. Burns MD (Degree or title)				23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 7-14-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-16-54		24c. NAME OF CEMETERY OR CREMATORY Lawson Cemetery		24d. LOCATION (City, town, or county) (State) Lawson, Mo.			
DATE REC'D BY LOCAL REG. 7-16-54		REGISTRAR'S SIGNATURE Geraldine Smith Wagner		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Funeral Home. R. C. Ma					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Alvin R. Hansen*

Licensed Embalmer No. *41*

P. O. Address *K. e.*

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.