

FILED AUG 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 27814
Registrar's No. 3876

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3876</u>	
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. LENGTH OF STAY (In this place) <u>64 yrs</u>		c. CITY OR TOWN <u>Kansas City</u>		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 <u>St. Joseph Hospital</u>				9. STREET ADDRESS (If rural, give location) <u>3418 Lexington</u> <u>3098</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>JULIUS</u> c. (Last) <u>WEBER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8</u> <u>8</u> <u>54</u>				
5. SEX <u>Ma</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10-16-1870</u>		9. AGE (In years last birthday) <u>83</u> IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Ret.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Sheet Metal</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>4</u> <u>Dillenburg, Germany</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Weber</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Mueller</u>		14. NAME OF HUSBAND OR WIFE <u>Louise Weber</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Louise Weber, 3418 Lexington</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ventricular fibrillation</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>venous reflux</u> <u>intestinal obstruction</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u> <u>9 hours</u> <u>- 30 min</u> <u>5:10</u>	
19a. DATE OF OPERATION <u>8-7-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>measured obstructed left inguinal hernia</u>				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) (Min.)		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 <u>8-7-54</u> to <u>8-8</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>8-7</u> , 19 <u>54</u> , and that death occurred at <u>3:15 A.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Roy F. Drake MD</u>				23b. ADDRESS <u>2414 Telephone Building</u>		23c. DATE SIGNED <u>8-9-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>8-10-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City</u> <u>Mo.</u>		
DATE REC'D BY LOCAL REG. <u>8-9-54</u>		REGISTRAR'S SIGNATURE <u>Geraldene Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wagner Funeral Home N. 6. Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Roy F. Drake

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. Haunack*

Licensed Embalmer No. *415*

P. O. Address *K. E. W.*

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.