

FILED JAN 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1330

State File No. 23
Registrar's No. 23

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		State File No. <u>23</u>		Registrar's No. <u>23</u>					
1. PLACE OF DEATH a. COUNTY <u>M Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</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>28 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>8225 Cherry</u>				STREET ADDRESS (If rural, give location) <u>3523 Bales</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>WENDEL</u>			b. (Middle) <u>W.</u>			c. (Last) <u>WEBER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 1, 1955</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>Jan 27, 1895</u>		9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Receiver</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery Warehouse</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Tipton, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Peter J. Weber</u>				13b. MOTHER'S MAIDEN NAME <u>Jennie Schwanz</u>				14. NAME OF HUSBAND OR WIFE <u>Ida M. Weber</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>487-07-4719</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ida M. Weber</u>				ADDRESS <u>3523 Bales - H.C. Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>partly myocardial infarction</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Artery Occlusion</u>						<u>5 min.</u>					
		DUE TO (c) <u>Coronary Artery Sclerosis</u>						<u>16 mos</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Obesity - mod</u>						<u>16 mos</u>					
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 <u>10-14</u> , 19 <u>53</u> , to <u>1-1</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>7-9</u> , 19 <u>54</u> , and that death occurred at <u>2 P. m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE <u>Graham Asher</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>1220 Poplar St</u>				23c. DATE SIGNED <u>1-3-55</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-4-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>							
DATE REC'D BY LOCAL REG. <u>1-3-55</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Melody-McGilley-Eylar Kansas City, Mo.</u>							

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

Prof. [unclear]
Vi 8180
2-5

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 *Melvin Bortea*.....

Licensed Embalmer No. *490*

P. O. Address *KC Mo*

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.