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FILED MAR 15 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

5163

894

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

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 township) KANSAS CITY

c. CITY OR TOWN KANSAS CITY d. Is Residence within limits of a city or incorporated town? Yes  No  3658

d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL  
STREET ADDRESS (If rural, give location) 4015 HARRISON STREET

3. NAME OF DECEASED  
a. (First) MARY b. (Middle) E. c. (Last) WEATHERLOW

4. DATE OF DEATH (Month) (Day) (Year) FEB-25-1955

5. SEX 1 FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 8. DATE OF BIRTH MAR-29-1874 9. AGE (In years last birthday) 80 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) RETIRED 10b. KIND OF BUSINESS OR INDUSTRY AT HOME 11. BIRTHPLACE (City and State or Foreign Country) GIRARD, ILL. 1 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME ANDREW CARNEY 13b. MOTHER'S MAIDEN NAME MARY UNKNOWN 14. NAME OF HUSBAND OR WIFE GEORGE L. Weatherlow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 496-05-8946 17. INFORMANT'S SIGNATURE OR NAME FRANK FULLENWIDER ADDRESS 4015 HARRISON

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, asphyxia, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Semily - far advanced Arteriosclerosis "years"  
ANTECEDENT CAUSES  
DUE TO (b) Pneumonia  
DUE TO (c) Acute Saddle Thrombus.  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
INTERVAL BETWEEN ONSET AND DEATH  
4517

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES  NO

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) (Minute) 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-23, 1955, to 2-25, 1955, that I last saw the deceased alive on 2-24, 1955, and that death occurred at 8:10A m., from the causes and on the date stated above.

23a. SIGNATURE Robert W. Forsythe (Degree or title) MD 23b. ADDRESS Physician Bldg K.C. Mo 23c. DATE SIGNED 2-26-55

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE FEB-28-55 24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEM 24d. LOCATION (City, town, or county) (State) KANSAS CITY MO

DATE REC'D BY LOCAL REG. 2-26-55 neva REGISTRAR'S SIGNATURE minshall 25. FUNERAL DIRECTOR'S SIGNATURE W.H. Newman's Son ADDRESS 1331 BRUSH CREEK KANSAS CITY MO

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

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 *Basil W. [Signature]*.....

Licensed Embalmer No. *477*.....  
P. O. Address *T.C. [Signature]*.....

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.