

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022129

STATE FILE NUMBER

FILED JUL 11 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2884

S. 300
1-57

All diseases in Part I must be causally related.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Robert Flinner

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Miami			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Paola			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V.A. Hospital,		Length of stay in 1b 1 day		X d. STREET ADDRESS 515 S Route 4		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First HARRY Middle A Last WEERS				4. DATE OF DEATH Month 6th Day 6th Year 1958			
5. SEX <input checked="" type="radio"/> Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 11-22-08		9. AGE (In years) 49 1/2 yrs	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Woodbuilding		11. BIRTHPLACE (City and state or country) Parkville, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Henry Weers			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Avalon Weers		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW2		16. SOCIAL SECURITY NO. 614-05-8958		17. INFORMANT Address V.A. Hospital, Records, K.C., Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute peritonitis						INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Perforation of the rectum.							
DUE TO (c) Carcinoma of the rectum with liver metastasis.						154 1/2	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from June 5, 1958 to June 6, 1958 Death occurred at 6:55 p m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Robert Flinner MD (Degree or title) MD				22b. ADDRESS V.A. Hospital, Kansas City, Mo		22c. DATE SIGNED 6-7-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE JUNE 7, 1958	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) PAOLA KANSAS		
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS, KANSAS CITY, MO			25. DATE RECD. BY LOCAL REG. 6-7-58		26. REGISTRAR'S SIGNATURE Neva Minshall		

8961 E E TNP

47

47

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 *Chester K Brown*

Licensed Embalmer No. *4931*

P. O. Address *KE YMO*

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.