

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036683
STATE FILE NUMBER

FILED NOV 14 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5067

S. 300
1-57

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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Independence
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hosp.		Length of stay in 1b 3 weeks	d. STREET ADDRESS (If outside, give location) 834 West 30th. St.
3. NAME OF DECEASED (Type or print) First Middle Last Lester Norman Weber			4. DATE OF DEATH Month Day Year Oct 25, 1958
5. SEX 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 Nov 4, 1897
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanical Engineer		9b. KIND OF BUSINESS OR INDUSTRY corps of Engineers	9c. AGE (In years last birthday) 60
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanical Engineer		10b. KIND OF BUSINESS OR INDUSTRY corps of Engineers	10c. BIRTHPLACE (City and state or country) Chicago, Ill
11. BIRTHPLACE (City and state or country) Chicago, Ill		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Norman Weber		13b. MOTHER'S MAIDEN NAME Matilda Hohmier	14. NAME OF HUSBAND OR WIFE Hazel Weber
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 326-10-1534	17. INFORMANT Mrs. Hazel Weber Address Independence, 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) Uremia			INTERVAL BETWEEN ONSET AND DEATH 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Post-operative Urinary Shutdown			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
DUE TO (c) Dissection of Aortic Aneurysm due to arteriosclerosis			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			4512
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Oct 10, 1958 to Oct 25, 1958 and last saw her alive on Oct. 24, 1958 Death occurred at 1:50 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Lester N. Benoit (Degree or title)		22b. ADDRESS 4620 Nichols Hwy Kansas City, Mo	
22c. DATE SIGNED Oct. 27, 1958			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct 28, 1958	23c. NAME OF CEMETERY OR CREMATORY Mount Washington Cem.
23d. LOCATION (City, town, or county) (State) Kansas City, Missouri			
24. FUNERAL DIRECTOR Geo. C. Carson & Son s		25. DATE RECD. BY LOCAL REG. 10-27-58	26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

HECT OR W. BENOIT, JR. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

DEC 9 1958

NOV 14 1958



201-6510'

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 W. H. Gibson

Licensed Embalmer No. 4871

P. O. Address Indep, 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.