

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001693

STATE FILE NUMBER

Registration District No. 146

Primary Registration District No. 4237

Registrar's No. 37

FILED JAN 27 1959

300
1-57

| | | | |
|--|----------------------------------|---|---|
| 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, give TOWNSHIP only) OR TOWN <u>RAYTOWN</u> | | c. CITY OR TOWN <u>RAYTOWN</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>8714 KENTUCKY</u> | | d. STREET ADDRESS (If outside, give location) <u>8714 KENTUCKY</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>DARYL</u> Middle <u>ABEL</u> Last <u>WEIMER</u> | | 4. DATE OF DEATH Month <u>JANUARY</u> Day <u>-18-</u> Year <u>1959</u> | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>JUNE-22-1955</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE - CHILD</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>- -</u> | 11. BIRTHPLACE (City and state or country) <u>INDEPENDENCE, MISSOURI</u> |
| 13a. FATHER'S NAME <u>GENE WEIMER</u> | | 14. NAME OF HUSBAND OR WIFE <u>- - -</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 17. INFORMANT <u>GENE WEIMER, 8714 KENTUCKY, RAYTOWN, MO.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute leukemia - lymphatic</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u> |
| DUE TO (b) _____ DUE TO (c) _____ | | | |
| 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 _____ a.m. _____ p.m. _____ | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input 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 <u>10-10-58</u> to <u>1-16-59</u> and last saw her/him alive on <u>1-16-59 8 PM</u> Death occurred at <u>10:10 AM 18 Jan 59</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>William E. Larson MD</u> | | 22b. ADDRESS <u>Kansas Univ Med Center</u> | |
| | | 22c. DATE SIGNED <u>1-19-59</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 23b. DATE <u>JAN. 20. 1959</u> | |
| 23c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u> | | 23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u> | |
| 24. FUNERAL DIRECTOR <u>D.W. NEWCOMER & SONS, KANSAS CITY, MISSOURI</u> | | 25. DATE RECD. BY LOCAL REG. <u>1-20-59</u> | |
| | | 26. REGISTRAR'S SIGNATURE <u>James K. Craig</u> | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Case No 10984

When signed

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 *C. O. Telson*

Licensed Embalmer No. *4421*
P. O. Address *Kansas City*

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.