

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001892

STATE FILE NUMBER

JAN 19 1958 Registration District No. 166 Primary Registration District No. 5605 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE - b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township		c. CITY OR TOWN Washington	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Whiteman AF Base Hospital		Length of stay in 1b 8 1/2 hrs	
d. STREET ADDRESS -		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Lara Middle Lynn Last Weeks	4. DATE OF DEATH Month January Day 13 Year 1959
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> - DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 13 Jan 59	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months 8 Days 30	IF UNDER 24 HRS. Hours 8 Min. 30
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Whiteman AF Base Hospital, Missouri-Johnson County	12. CITIZEN OF WHAT COUNTRY? US
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13. FATHER'S NAME Richard Weeks	14. MOTHER'S MAIDEN NAME Dorothy Jean Northrup
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) - (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. -	17. INFORMANT Address Hospital Records Whiteman AFB, Missouri
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prematurity		INTERVAL BETWEEN ONSET AND DEATH 8 1/2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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) 776X		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 WORK <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 13 Jan 59 to 13 Jan 59 and last saw her alive on 13 Jan 59
Death occurred at 11:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Albert L. Stephens M.D.</i>	22b. ADDRESS USAF Hospital Whiteman AF Base, Missouri	22c. DATE SIGNED 14 Jan 59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-17-59	23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery	23d. LOCATION (City, town, or county) (State) Warrensburg, Missouri
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24. FUNERAL DIRECTOR The Brauningers, Warrensburg, Missouri	25. DATE RECD. BY LOCAL REG. 1-15-59	26. REGISTRAR'S SIGNATURE <i>Erma L. Beatty</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Richard J. Velona*
.....

Licensed Embalmer No. *48*.....

P. O. Address *Wilmington*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.