

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009733
STATE FILE NUMBER
1493

FILED APR 8 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1493

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) Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) VA Hospital		Length of stay in 1b 86 years	d. STREET ADDRESS (If outside, give location) 3806 Montgall, Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Michael Thomas Weber			4. DATE OF DEATH Month Day Year 3rd 21st 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5/4/72		9. AGE (In years last birthday) 86
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Leather worker		10b. KIND OF BUSINESS OR INDUSTRY Leather Work	11. BIRTHPLACE (City and state or country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME Joseph Weber		13b. MOTHER'S MAIDEN NAME Theresa Stampf		14. NAME OF HUSBAND OR WIFE Minnie Weber	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Spanish American		16. SOCIAL SECURITY NO. 487-16-6854		17. INFORMANT Address VA 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) Bronchial pneumonia			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Complication from intertrochanteric fracture left hip.		
	DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 9.4.30			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) fell on floor.	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 3-11-59	1 2 3	

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.) Home	20f. CITY, TOWN, OR LOCATION Kansas City	COUNTY Jackson mo.	STATE
21. I attended the deceased from 3-11-59 to 3/21/59 Death occurred at 5:30 a. on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) James W. Davis M.D.		22b. ADDRESS Veterans Hospital		22c. DATE SIGNED 3-21-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/23/59	23c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cem.	23d. LOCATION (City, town, or county) (State) Kansas City, Mo.	

24. FUNERAL DIRECTOR Mellody McGilley Eylar Fun. Home Lin. & Vo.	25. DATE RECD. BY LOCAL REG. 3-21-59	26. REGISTRAR'S SIGNATURE Irene Marshall
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6-11-59 852
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
James W. Davis

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 *James E. Hacklem*.....

Licensed Embalmer No. *4573*.....

P. O. Address *K. E. 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.