

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-019685

FILED VS. JUN 15 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2888 STATE FILE NUMBER

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			Length of stay in 1b LIFE		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSP.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3949 WARWICK BLVD.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MARIAN Middle PEIRCE Last WEBER				4. DATE OF DEATH Month MAY Day 25 Year 1960			
5. SEX FEMALE	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 DEC 5 1882	9. AGE (last birthday) 77 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SOUTH WESTERN			10b. KIND OF BUSINESS OR INDUSTRY BELL TEL. CO.		11. BIRTHPLACE (City and state or country) KANSAS CITY MO.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME HENRY T. PEIRCE			13b. MOTHER'S MAIDEN NAME MARY GOODWIN			14. NAME OF HUSBAND OR WIFE GEO. H. 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. 486-05-6393		17. INFORMANT Address ELIZABETH DELAP 3949 WARWICK		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolus							INTERVAL BETWEEN ONSET AND DEATH minutes
DUE TO (b) Ovarian Metastases							? months
DUE TO (c) metastatic to placenta - bloody Hydrothorax							3 weeks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Anemia -							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <u> </u> a.m. / p.m. Month, Day, Year <u> </u>							
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 <u>5-3-60</u> to <u>5-28-60</u> and last saw her alive on <u>5-28-60</u> Death occurred at <u>9:30 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22. SIGNATURE <i>Frank B. Leitz</i> (Degree or title) MD				22b. ADDRESS 1530 Prof Rd. Team City Mo		22c. DATE SIGNED 5-26-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE MAY 28, 1960	23c. NAME OF CEMETERY OR CREMATORY forest hill com		23d. LOCATION (City, town, or county) (State) KANSAS CITY MO		
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS K. C. MO.				25. DATE RECD. BY LOCAL REG. 5-27-60	26. REGISTRAR'S SIGNATURE <i>Steve Marshall</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Frank B. Leitz

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Raymond M. Hardy

Licensed Embalmer No. 4413

P. O. Address Indep.

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