

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-021525

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2773

STATE FILE NUMBER

AMENDED  
DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

**FILED JUN 21 1961**

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 **30 min.**

c. CITY OR TOWN **Grandview** Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Menorah Hospital** Inside Limits Yes  No

d. STREET ADDRESS **1008 Duck** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last **Alexander A. Weaver**

4. DATE OF DEATH Month Day Year **June 1, 1961**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH **Aug 5, 1897** 9. AGE (last birthday) **63**

IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Truck Driver** 10b. KIND OF BUSINESS OR INDUSTRY **Mid Central Fish Co** 11. BIRTHPLACE (City and state or country) **Liebenthal, Kansas** 12. CITIZEN OF WHAT COUNTRY **U. S.**

13a. FATHER'S NAME **William N. Weaver** 13b. MOTHER'S MAIDEN NAME **Magdaline Ligleiter** 14. NAME OF HUSBAND OR WIFE **Dollie L. Weaver**

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. 17. INFORMANT Address **Dollie L. Weaver -1008 Duck-Grandview, 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) **Myocardial Infarction** INTERVAL BETWEEN ONSET AND DEATH **1 day**  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Arteriosclerotic heart disease** **10 years**  
DUE TO (c) **asthma, acute**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I ( ) **asthma, acute** PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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  NOT WHILE AT WORK  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 **MAY 24, 1961** to **June 1, 1961** and last saw her alive on **MAY 31, 1961**  
Death occurred at **4 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **William L. Doane MD** 22b. ADDRESS **1102-130 St. ~~Grandview~~** 22c. DATE SIGNED **MO 8 61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **June 5, 1961** 23c. NAME OF CEMETERY OR CREMATORY **White Chapel Memorial Gar** 23d. LOCATION (City, town, or county) (State) **Kansas City, Mo**

24. FUNERAL DIRECTOR'S ADDRESS **Harry Bueler 2100 Russell Rd. K. C. Mo.** 25. DATE RECD. BY LOCAL REG. **6-3-61** 26. REGISTRAR'S SIGNATURE **Ruth Long**

**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 Chester L. Lantz

Licensed Embalmer No. 2530 (Kansas)

P. O. Address Kansas City, Kansas

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.