

FILED APR 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

8386

1223

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MO</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>35 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-14-49</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>901 E GREGORY</u>				d. STREET ADDRESS (If rural, give location) <u>901 E GREGORY</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SHEPARD</u>		b. (Middle) <u>GOLDSTEIN</u>		c. (Last) <u>GOLDSTEIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-14-49</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>APR. 10, 1901</u>	
9. AGE (In years last birthday) <u>47</u>		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 24 HRS. Hours Min.		12. CITIZEN OF WHAT COUNTRY <u>US</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TAYLOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CLEANING</u>		11. BIRTHPLACE (State or foreign country) <u>POLAND</u>		12. CITIZEN OF WHAT COUNTRY <u>US</u>	
13a. FATHER'S NAME <u>SAM GOLDSTEIN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>PEARL GOLDSTEIN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>DAVID WALDMAN</u>		ADDRESS <u>K.C. MO</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis & infarct</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bundle Branch Block</u> DUE TO (c) <u>Previous Coronary Thrombosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u> <u>2 months</u> <u>3 years -</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>KANSAS MISSOURI</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>None</u>		21e. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? <u>None</u>			
22. I hereby certify that I attended the deceased from <u>January</u> , 194 <u>8</u> , to <u>3-14</u> , 194 <u>9</u> , that I last saw the deceased alive on <u>3-14</u> , 194 <u>9</u> , and that death occurred at <u>2:30 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Paul Moss</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1112 Bryant Blvd.</u>		23c. DATE SIGNED <u>3-16-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3/15/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SHEFFIELD</u>		24d. LOCATION (City, town, or county) (State) <u>K.C. MO</u>	
DATE REC'D BY LOCAL REG. <u>3-17-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. TIGERMAN AND SONS.</u>		ADDRESS <u>K.C. MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed.....

Russell N. France

Signed.....

Student Embalmer

Licensed Embalmer No. 4255

P. O. Address K. C. 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 this body is not embalmed, fact should be so stated above.