

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12523**
1603

FILED APR 23 1949

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>60 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>5845 Grand av.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hosp.</u>			

3. NAME OF DECEASED (Type or Print) <u>OSCAR</u>	a. (First)	b. (Middle)	c. (Last) <u>LEVINE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4 10 49</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 15 1884</u>	9. AGE (In years last birthday) (Months) (Days) <u>64 10 76</u>	10. IF UNDER 1 YEAR Hours	11. IF UNDER 24 Hrs. Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Butter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Woolen Clothing</u>	11. BIRTHPLACE (State or foreign country) <u>Russia 6</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Karl Levine</u>	13b. MOTHER'S MAIDEN NAME <u>Vukman</u>	14. NAME OF HUSBAND OR WIFE <u>Hannah Levine</u>
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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. <u>495-07-7248</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hannah Levine</u>	ADDRESS <u>5845 Grand</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u>
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Coronary occlusion</u>		
	ANTECEDENT CAUSES		
	MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) <u>Myocarditis coronary thrombosis</u>		
	DUE TO (c) <u>hypertension</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		<u>4201</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>None performed</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-12, 1947, to 4-10 1949, that I last saw the deceased alive on 4-10, 1949, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Ottokar Hoffman M.D.</u>	23b. ADDRESS <u>900 Rialto Bldg.</u>	23c. DATE SIGNED <u>4-11-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/12/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>
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DATE REC'D BY LOCAL REG. <u>4-11-49</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Carroll Davidson</u>	ADDRESS <u>3024 7th St. av</u>
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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.

Student
Student Embalmer

Signed *Julian R. Davidson* _____

Licensed Embalmer No. *1168* _____

P. O. Address: _____

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.