

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41138**
5437

FILED JAN 7 1950

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY JACKSON	
b. CITY OR TOWN Kansas City		c. CITY OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 50 YRS.		d. STREET ADDRESS 5342 Paseo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Menorah Hospital			

3. NAME OF DECEASED a. (First) Harry b. (Middle) _____ c. (Last) Hipsh			4. DATE OF DEATH 12-23-49		
5. SEX M		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH UNKNOWN		9. AGE (In years last birthday) 74		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) RUSSIA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hipsh, Inc.		10b. KIND OF BUSINESS OR INDUSTRY MANUFACTURING			

13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE MINNIE HIPSH	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME CHAS. Hipsh ADDRESS 5342 PASCO K.C. MO.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion - myocardial infarct		INTERVAL BETWEEN ONSET AND DEATH 3 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis, general		10 years	
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		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 **Jessamine**, 1945, to **12/23**, 1949, that I last saw the deceased alive on **12/23**, 1949, and that death occurred at **4:10 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Morris Statland (Degree or title) M.D.		23b. ADDRESS 1406 Bryant Bldg. K.C. Mo.		23c. DATE SIGNED 12/27/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 25 DEC. 1949		24c. NAME OF CEMETERY OR CREMATORY SHEPHERD	
		24d. LOCATION (City, town, or county) KANSAS CITY, MO.		(State) _____	

DATE REC'D BY LOCAL REG. 12-24-49		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE J. P. Lewis ADDRESS K.C. Mo.	
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(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.

Student
Student Embalmer

Signed *A. L. Lewis*

Licensed Embalmer No. 3110

P. O. Address Kansas City 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.