

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20081**
2445

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2445**

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 (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 30 yrs		d. STREET ADDRESS (If rural, give location) 144 N. Lawn 3075	
d. FULL NAME OF HOSPITAL OR INSTITUTION MEMORAH HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) Victor b. (Middle) Berlin c. (Last) Berlin			4. DATE OF DEATH (Month) (Day) (Year) 5 31 50		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 4-10-1874		9. AGE (In years last birthday) 73 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Dry Goods		11. BIRTHPLACE (State or foreign country) Russia	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Molly Berlin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Molly Berlin ADDRESS 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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Pulmonary & Cerebral embolus		INTERVAL BETWEEN ONSET AND DEATH 6 hrs.
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Surgery from supra pubic prostatectomy DUE TO (c) carcinoma of prostate		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION 5-16-50		19b. MAJOR FINDINGS OF OPERATION Carcinoma of prostate		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 **5-13, 1950**, to **5-31, 1950**, that I last saw the deceased alive on **5-30-50, 1950**, and that death occurred at **12:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE George Aaron M.D. (Degree or title)		23b. ADDRESS 505 Professional Bldg.		23c. DATE SIGNED 5-31-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-1-50		24c. NAME OF CEMETERY OR CREMATORY Sheffield	
24d. LOCATION (City, town, or county) (State) Kansas City Mo		25. FUNERAL DIRECTOR'S SIGNATURE J.P. Louis Tual Home		ADDRESS K.C. Mo.	
DATE REC'D BY LOCAL REG. 6-1-50		REGISTRAR'S SIGNATURE Seraldine Holmes			

WRITE PLAINLY—USING UNFAADING 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Geoff Buffington

Signed.....
Student Embalmer

.....
Licensed Embalmer No. *2756*

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.