

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26737**
3383

FILED AUG 26 1950

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **3383**

1. PLACE OF DEATH
a. COUNTY **Jackson**
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**
c. LENGTH OF STAY (in this place) **6 yr**
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Menard Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Mo** b. COUNTY **Jackson**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City, At 168**
d. STREET ADDRESS (If rural, give location) **2807 E 38th 350**

3. NAME OF DECEASED
a. (First) **Joseph** b. (Middle) **Agonofsky** c. (Last) **Agonofsky**

4. DATE OF DEATH (Month) (Day) (Year) **8-7-50**

5. SEX **M** 6. COLOR OR RACE **W**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **11/17/1872**

9. AGE (in years last birthday) **77**
IF UNDER 1 YEAR: Year _____ Days _____
IF UNDER 10 HRS: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Tailor**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) **Russia**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Agronofsky Alexander Sender**

13b. MOTHER'S MAIDEN NAME **Unknown**

14. NAME OF HUSBAND OR WIFE **Katey Agronofsky**

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. **None**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Irwin Agron, 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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) **Malnutrition, Acute Cardiac Failure**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Generalized Arteriosclerosis**
DUE TO (c) **Sem. lity**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
MO
45

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **July 10, 1950, to Aug 7, 1950**, that I last saw the deceased alive on **Aug 7, 1950**, and that death occurred at **5:30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE **S. M. Shapiro MD** (Degree or title)

23b. ADDRESS **628 P. A. Bldg. K.C. Mo.**

23c. DATE SIGNED **8-8-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **8/8/50**

24c. NAME OF CEMETERY OR CREMATORY **Blue Ridge**

24d. LOCATION (City, town, or county) (State) **Kansas City Mo**

DATE REC'D BY LOCAL REG. **8-8-50**

REGISTRAR'S SIGNATURE **Geraldine Palmer**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Louis Funeral Home K.C. Mo.**

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 _____

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

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.