

FILED SEP 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30526

State File No. _____
Registrar's No. **3831**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (In this place) 30		d. STREET ADDRESS (If rural, give location) 5833 Grand	
d. FULL NAME OF HOSPITAL OR INSTITUTION McGovern Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Max b. (Middle) H c. (Last) Levy			4. DATE OF DEATH (Month) (Day) (Year) 9 8 50		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH July 31, 1885			9. AGE (In years last birthday) 65		10. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Mgr - Standard Oil Co			10b. KIND OF BUSINESS OR INDUSTRY Missouri		11. BIRTHPLACE (State or foreign country) 0

13a. FATHER'S NAME Wm. S. Levy		13b. MOTHER'S MAIDEN NAME Mary Diamond		14. NAME OF HUSBAND OR WIFE Helen S. Levy, 5833 Grand	
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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. 486-03-4407		17. INFORMANT'S SIGNATURE OR NAME Helen S. Levy, 5833 Grand	
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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				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cardiac failure		ANTECEDENT CAUSES				2 days	
DUE TO (b) Cancer of bladder		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				6 months	
DUE TO (c)		11. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.				16 1/2	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 **April, 1950, to 9-8, 1950**, that I last saw the deceased alive on **9-8, 1950** and that death occurred at **2⁰⁰ A.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. W. Leifer (Degree or title) M.D.		23b. ADDRESS 505 Professional Bldg.		23c. DATE SIGNED 9-8-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 9-10-50		24c. NAME OF CEMETERY OR CREMATORY Rose Hill		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
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DATE REC'D BY LOCAL REG. 9-8-50		REGISTRAR'S SIGNATURE Deraldine Holman		25. FUNERAL DIRECTOR'S SIGNATURE Stine & McClure, Kansas City, Missouri		ADDRESS	
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Joseph M^o McCarthy

Signed
Student Embalmer

Licensed Embalmer No. 46948

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.