

FILED OCT 21 1950

STANDARD CERTIFICATE OF DEATH

State File No. 33593
4176

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
a. COUNTY Jackson		b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		a. STATE Mo.		b. COUNTY Jackson			
c. LENGTH OF STAY (in this place) 6 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		d. STREET ADDRESS (If rural, give location) Brookside Hotel		3718 370			
d. FULL NAME OF HOSPITAL OR INSTITUTION Menoah Hospital				4. DATE OF DEATH (Month) (Day) (Year) 9-30-50					
3. NAME OF DECEASED (Type or Print) Sarah				a. (First) Louis		b. (Middle)			
5. SEX F		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 28, 1878			
9. AGE (In years last birthday) 72		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (State or foreign country) Chicago Ill.			
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Phillip Goldman		13b. MOTHER'S MAIDEN NAME Levy Rose Steiner		14. NAME OF HUSBAND OR WIFE Abe Louis			
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 Jack Louis 3400 Woodland					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION					
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 5 days			
				ANTECEDENT CAUSES		DUE TO (b) Arteriosclerosis		4201	
				Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)		18 days	
II. OTHER SIGNIFICANT CONDITIONS				Cholecystectomy					
Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Cholelithiasis		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)		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 9/12/50, to 9/20/50, that I last saw the deceased alive on 9/20, 1950, and that death occurred at 7:10 p. m., from the causes and on the date stated above.									
23a. SIGNATURE Harold Passman (Degree or title) M.D.				23b. ADDRESS Prof. Pldg. 11C Mo		23c. DATE SIGNED 10/1/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 2, 1950		24c. NAME OF CEMETERY OR CREMATORY Sheffield		24d. LOCATION (City, town, or county) (State) Kansas City Mo.			
DATE REC'D BY LOCAL REG. 10-3-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Louis Funeral Home		ADDRESS H.C. Mo			

(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

Guy Buffington

Signed.....

Student Embalmer

Licensed Embalmer No. *3754*

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.