

FILED FEB 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **3842**
180
Registrar's No. _____

| | | | | | | | | |
|--|----------------------------------|--|---|---|--|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>42</u> | | PRIMARY REG. DIST. NO. <u>1000</u> | | State File No. 3842 | | |
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | c. LENGTH OF STAY (in this place) <u>25 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | 0117 | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>2625 Monterey Street</u> | | | | d. STREET ADDRESS (If rural, give location) <u>2625 Monterey Street</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Moses</u> | | | b. (Middle) <u>Joseph</u> | | c. (Last) <u>Gottstein</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Febr. 17, 1951.</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>Dec. 12, 1863</u> | 9. AGE (In years last birthday) <u>87</u> | IF UNDER 1 YEAR Months | IF UNDER 11 HRS. Days | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Fur Salesman</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Ladies Furs.</u> | | 11. BIRTHPLACE (State or foreign country) <u>New York, N.Y.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | |
| 13a. FATHER'S NAME <u>Unknown</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Sarah (Unknown)</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mary Gottstein</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Louis Wienshienk St. Joseph, Mo.</u> | | | | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of colon.</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 months</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 153X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prostatic Hypertrophy disease</u> <u>arteriosclerotic heart</u> | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | 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) m. | | 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 <u>10-11, 1950</u> , to <u>2-17, 1951</u> , that I last saw the deceased alive on <u>2-14, 1951</u> , and that death occurred at <u>7:30A</u> m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Irwin Shorntal M.D. N</u> | | | | 23b. ADDRESS <u>St. Joseph Mo</u> | | 23c. DATE SIGNED <u>2-17-51</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>Feb. 18, 1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>White Funeral Home</u> | | 24d. LOCATION (City, town, or county) (State) <u>Des Moines, Iowa.</u> | | |
| DATE REC'D BY LOCAL REG. <u>Feb. 21, 1951</u> | | REGISTRAR'S SIGNATURE <u>Carl C. Casler</u> | | FUNERAL DIRECTOR'S SIGNATURE <u>446-25 Walter Meierhoffer</u> | | ADDRESS <u>St. Joseph, Mo.</u> | | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6501 1 1972

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.....

Student Embalmer

Signed

Albert C. Harrington

Licensed Embalmer No. 3258 Missouri.

P. O. Address SE, Joseph, Missouri.

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.