

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 17 1951

State File No.

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>70 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>229 WARD PARKWAY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MENORAH HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>B</u> b. (Middle) <u>Albert</u> c. (Last) <u>Lieberman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 19 51</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE-28-1874</u>
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED - 1 YEAR - PHYSICIAN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>M.D.</u>
11. BIRTHPLACE (State or foreign country) <u>LOUISVILLE, KENTUCKY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>LOUIS S. LIEBERMAN</u>	13b. MOTHER'S MAIDEN NAME <u>BERTHA MANNHEIMER</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. BEATRICE R. LIEBERMAN</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>	16. SOCIAL SECURITY NO. <u>SPANISH AMERICAN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. BEATRICE R. LIEBERMAN</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arteriosclerotic & hypertensive vascular disease</u>		<u>years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>chronic glomerulonephritis</u>		<u>33 1/2</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 16, 1951, to Feb. 19, 1951, that I last saw the deceased alive on Feb. 19, 1951, and that death occurred at 4:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harry Statland</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>1406 Bay out Bldg.</u>	23c. DATE SIGNED <u>2-19-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	24b. DATE <u>FEB. 21-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>D.W. NEWCOMER'S SONS</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
DATE REC'D BY LOCAL REG. <u>2-21-51</u>	REGISTRAR'S SIGNATURE <u>Steldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer Sons</u>	ADDRESS <u>1331 BASH CREEK KANSAS CITY, MO.</u>

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.....

Student Embalmer No. 407

working under my personal supervision.

Student John B. Lewis Jr
Student Embalmer

Signed

Charles H. Stinchney

Licensed Embalmer No. 4560

P. O. Address K.P. 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.