

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27798**
Registrar's No. **272**

FILED SEP 5 1951

REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Florida b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) Miami	
d. FULL NAME OF HOSPITAL OR INSTITUTION Milner Hotel		d. STREET ADDRESS (If rural, give location) no obtainable	

3. NAME OF DECEASED (Type or Print) a. (First) David	b. (Middle) Marvin	c. (Last) Kabakoff	4. DATE OF DEATH (Month) (Day) (Year) August 25, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH unknown	9. AGE (In years last birthday) about 59	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Concession Opr.	10b. KIND OF BUSINESS OR INDUSTRY Carnival	11. BIRTHPLACE (State or foreign country) unknown	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE unknown
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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) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME H. G. Bowen, Cetlin & Wilson Shows	ADDRESS 4201
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolism		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral sclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	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)
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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?
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22. I hereby certify that I attended the deceased from **as per above**, that I last saw the deceased alive on **viewed**, and that death occurred at **11:30 A.M.** m., from the causes and on the date stated above.

23a. SIGNATURE Chas Gordon Hauffe MD	(Degree or title)	23b. ADDRESS Corner of Peel Co	23c. DATE SIGNED 8-27-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8/26/51	24c. NAME OF CEMETERY OR CREMATORY Jewish emetery	24d. LOCATION (City, town, or county) (State) Miami Florida
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DATE REC'D BY LOCAL REG. 8/28/1951	REGISTRAR'S SIGNATURE H. G. Bowen	25. FUNERAL DIRECTOR'S SIGNATURE H. G. Bowen	ADDRESS Sedalia, Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1954 6 AOR

RECEIVED 9-4-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 9-4-51

NOV 1 1954

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

P. E. Baker

Signed.....
Student Embalmer

Licensed Embalmer No. 2419

P. O. Address Sedalia 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.