

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 33849  
4607

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>5 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>4933 Westwood Terrace</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4933 Westwood Terrace</b>		3725	
3. NAME OF DECEASED (Type or Print) <b>LOTTIE SILVERSTONE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 29, 1951</b>
a. (First)	b. (Middle)	c. (Last)	
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>
8. DATE OF BIRTH <b>July 5, 1876</b>		9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Canada</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Abel Williams</b>	
13b. MOTHER'S MAIDEN NAME <b>Rachael Silverstone</b>		14. NAME OF HUSBAND OR WIFE <b>Dr. H.E. Silverstone</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Bertie Josephson, Hill Hotel, Omaha, Nebr.</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		ADDRESS	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchitis pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		4917	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cerebral Hemorrhage, Cerebral arteriosclerosis</b>		3 1/2 years, 4 years	
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) (Min.)		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 <b>Aug. 1949</b> , to <b>Oct. 29, 1951</b> , that I last saw the deceased alive on <b>Oct. 28, 1951</b> , and that death occurred at <b>3 a. m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>L.F. Steffen</b> (Degree or title) <b>Dr. M.D.</b>		23b. ADDRESS <b>1103 Grand Ave. Kan. City</b>	
23c. DATE SIGNED <b>10-29-51</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Entombment</b>	
24b. DATE <b>10/30/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Rose Hill Temple</b>	
24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>STINE &amp; McCLURE, Kansas City, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>10-29-51</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Graham, Goshen  
Prof. P. M. - U: 8180  
2 P. M.

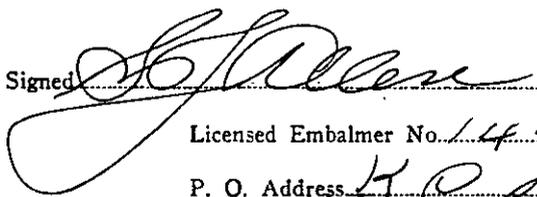
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

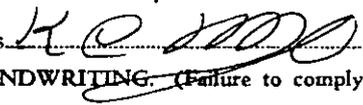
..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed  .....

Licensed Embalmer No. 14415 .....

P. O. Address.  .....

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.