

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44014
5352

FILED JAN 19 1952

BIRTH NO. --- REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5352

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>LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>1216 Broadway</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Memorial Hospital Medical Center</u>		318	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joe</u> b. (Middle) <u>Levin</u> c. (Last) <u>Levin</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-13-51</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>Apr 13, 1894</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 14 HRS. Hours	IF UNDER 14 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lawyer</u>	10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (State or foreign country) <u>Kansas City, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Israel Levin</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Mazurewitz</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or detailed service) <u>Yes WWI</u>	16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME <u>Max Levin</u>	ADDRESS <u>K.C. Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Left ventricular failure</u>		Several years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis, heart disease</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arthritis</u>		Several years	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 Dec 12, 1951, to Dec 13, 1951, that I last saw the deceased alive on Dec 12, 1951, and that death occurred at 12:45 m., from the causes and on the date stated above.

23a. SIGNATURE <u>J.S. Hoffman</u> (Degree or title)	23b. ADDRESS <u>330 Professional Bldg</u>	23c. DATE SIGNED <u>12-13-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>12-13-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sheffield</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>
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DATE REC'D BY LOCAL REG. <u>12-13-51</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis Fun'l Home</u> ADDRESS <u>K.C. Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

W-8244

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 Ray Buffington
Licensed Embalmer No. 2756

P. O. Address R.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.