

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

8580

1073

FILED MAR 22 1952

BIRTH NO. ....

REG. DIST. NO. 149

PRIMARY REG. DIST. NO. 1002

Registrar's No. ....

## 1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

Kansas City

c. LENGTH OF STAY (in this place)

45 yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION

4152 College

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

Mo

b. COUNTY

Jackson

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

Kansas City

d. STREET ADDRESS

4152 College

3618  
3610

## 3. NAME OF DECEASED (Type or Print)

a. (First)

Celia

b. (Middle)

c. (Last)

Silver

## 4. DATE OF DEATH

(Month) (Day) (Year)  
Mar 6, 52

## 5. SEX

F

## 6. COLOR OR RACE

W

## 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

## 8. DATE OF BIRTH

Unknown

## 9. AGE (In years last birthday)

65

IF UNDER 1 YEAR

Months

IF UNDER 12 HRS.

Days

IF UNDER 60 MIN.

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

—

## 11. BIRTHPLACE (State or foreign country)

Russia

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Eli Mendelsohn

## 13b. MOTHER'S MAIDEN NAME

Esther (Unknown)

## 14. NAME OF HUSBAND OR WIFE

Adolph Silver

## 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.

—

## 17. INFORMANT'S SIGNATURE OR NAME

Adolph Silver

## ADDRESS

K.C. Mo

## 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.

## I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)

## ANTECEDENT CAUSES

Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## MEDICAL CERTIFICATION

Cerebral Hemorrhage

Hypertensive P.V. disease

Cerebrovascular

## INTERVAL BETWEEN ONSET AND DEATH

4434

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

YES  NO 

## 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  NOT WHILE AT WORK 

## 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1951, to Mar 6, 1952; that I last saw the deceased alive on May 5, 1952, and that death occurred at 2 A.M., from the causes and on the date stated above.

## 23a. SIGNATURE

ack B. Grams

(Degree or title)

M.D. MD

## 23b. ADDRESS

330 Prof Bldg

## 23c. DATE SIGNED

May 52

## 24a. BURIAL, CREMATION, REMOVAL (Specify)

## 24b. DATE

3-7-52

## 24c. NAME OF CEMETERY OR CREMATORY

Sheffield

## 24d. LOCATION (City, town, or county) (State)

Kansas City Mo

## DATE REC'D BY LOCAL REG.

## REGISTRAR'S SIGNATURE

Geraldine Holmes

## 25. FUNERAL DIRECTOR'S SIGNATURE

J. P. Louis Funeral Home K.C. Mo

**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 Rollie Kessel.....

Licensed Embalmer No. 4690.....

P. O. Address Kansas City, 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.