

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24431**  
Registrar's No. **3371**

FILED AUG 4 1952

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>3371</b>			
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>35 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		d. STREET ADDRESS (If rural, give location) <b>726 Wabash</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>726 Wabash</b>				d. STREET ADDRESS (If rural, give location) <b>726 Wabash</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Hyman</b>			b. (Middle)		c. (Last) <b>Epstein</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 26 1952</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>1892</b>		9. AGE (In years last birthday) <b>60</b> # UNDER 1 YEAR Months Days # UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Grocer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>SELF</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Russia</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Yale Epstein</b>			13b. MOTHER'S MAIDEN NAME <b>Chia Reba</b>			14. NAME OF HUSBAND OR WIFE <b>Dena Epstein</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Yale Epstein</b> ADDRESS <b>726 Wabash</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Sclerosis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>4 years</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						<b>4201</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Proximal Ulcer</b>						<b>4 years</b>	
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)		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>Feb 21, 1948</b> , to <b>June 21, 1952</b> , that I last saw the deceased alive on <b>June 21, 1952</b> , and that death occurred at <b>3 A. m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Jack W. Wolf</b> (Degree or title)				23b. ADDRESS <b>206 People Bldg. Kansas City, Mo.</b>				23c. DATE SIGNED <b>July 26-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 27 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Blue Ridge Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo.</b>			
DATE REC'D BY LOCAL REG. <b>7-28-52</b>		REGISTRAR'S SIGNATURE <b>Heraldine Holmes</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>Louis Funeral Home K.C. Mo.</b> ADDRESS			

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. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Gary Buffington

Licensed Embalmer No. 02756

P. O. Address N. 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.